

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
REGION 21

POMONA VALLEY HOSPITAL MEDICAL No. 21-RC-166499
CENTER,

Employer

And

SERVICE EMPLOYEES INTERNATIONAL
UNION, UNITED HEALTHCARE WORKERS –
WEST,

Petitioner

**REQUEST FOR REVIEW OF REGIONAL DIRECTOR'S SUPPLEMENTAL DECISION
AND DIRECTION TO SUSTAIN CERTAIN CHALLENGED BALLOTS AND TO
COUNT THE REMAINING CHALLENGED BALLOTS**

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CERTAIN CHALLENGED BALLOTS AND TO COUNT THE
REMAINING CHALLENGED BALLOTS**

I. INTRODUCTION

Pursuant to Section 102.69 (c)(2) of the Board's Rules and Regulations, Petitioner Service Employees International Union, United Healthcare Workers – West ("Petitioner" or the "Union") hereby requests that the Board review the Regional Director's Supplemental Decision and Direction To Sustain Certain Challenged Ballots and To Count the Remaining Challenges ("RD's Supplemental Decision"). A copy of the Supplemental Decision is attached hereto as Exhibit A.

The Board should review the RD's Supplemental Decision, because (1) the decision is based on substantial factual issues that are clearly erroneous and ignores substantial factual evidence in the record, causing prejudice to the Petitioner; (2) a substantial question of law is raised by the decision as the RD departed from published Board precedent on numerous occasions; and (3) the decision contains a material and substantive drafting error with respect to the classification of Specialist HIM Data Integrity.

For these reasons, the Petitioner requests that the Board grant its request for review.

II. PROCEDURAL HISTORY

The Petitioner filed a petition on December 22, 2015, seeking to represent a unit of 1,065 service/non-professional and technical workers, employed by the Employer at its Pomona, California facility. A hearing took place in this matter on January 5, 2016. At the hearing, the employer sought to include 223 individuals into the voting unit. Rather than resolve the exclusion or inclusion of these individuals at the hearing, the Regional Director determined that it would be best to resolve the eligibility of these individuals, if necessary, following the election.

On January 21 and 22, 2016, the Region conducted an election for a unit of service/non-professional and technical workers. RD's Supp. Dec. at p. 1. The tally of ballots showed that there were 1,065 eligible voters with 531 ballots cast for Petitioner and 458 ballots cast for "No Union." The tally also showed that 218 voters cast a challenged ballot. The challenged ballots were sufficient in number to affect the results of the election. Because the parties were unable to agree on whether the 218 individuals were eligible to vote, the parties utilized the Board's challenged-ballot procedure.

A hearing to resolve the 218 challenged ballots was held on February 12, 16, 17, and 18, 2016. On June 9, 2016, the Hearing Officer issued his report on the challenges. A copy of that report is attached as Exhibit B. In his report, the Hearing Officer sustained 153 challenges to the 218 challenged ballots, and recommended that 65 ballots be opened and counted.

On June 23, 2016, the Employer filed exceptions to the Hearing Officer's report, arguing that all of the 153 ballots, which the Hearing Officer sustained challenges to, should be opened and counted. The Union did not file any exceptions. Nearly nine months later, on March 17, 2017, the Regional Director issued his Supplemental Decision, sustaining the challenges to 136 ballots, but overruling the challenges to 82 ballots.¹

The Union requests that the Board review the RD's Supplemental Decision as it relates to the following 17 individuals:

1. Kimberly Erving (101), Administrative Assistant NICU;

¹ The RD's Supplemental Decision contains a substantive drafting error. In his decision, the RD notes that he overrules 82 challenges, which includes challenges to the ballots of the three employees, (employees 61-63), who occupy the classification of Specialists HIM Data Integrity. *See* RD Supp. Dec. at pp. 10-11. However, in a separate part of the RD's decision, the RD concludes that Specialists HIM Data Integrity classification should be excluded from the unit, and that the challenges to the ballots of employees 61-63 should be sustained, along with Medical Records Technicians. *See id.* at pp. 5-6.

2. Rosa Delgado (127), Coordinator, ICU;
3. Veronica Garcia (141), Intermediate Billing Representative;
4. Lisa Horvath (142), Intermediate Billing Representative;
5. Desiree M. Lingenfelter-Chacon (151), Office Coordinator LDRP;
6. Randy R. Walker (181), Application Specialist;
7. Theresa G. Bangunan (182), Application Specialist, Perioperative;
8. Maria I. Jimenez (152), Hospitality Desk and Parking Ambassador;
9. Hortensia Machorro (153), Hospitality Desk and Parking Ambassador;
10. Tatiana K. Navarro (154), Hospitality Desk and Parking Ambassador;
11. Angelica Perez (155), Hospitality Desk and Parking Ambassador;
12. Rosemary N. Rojo (156), Hospitality Desk and Parking Ambassador;
13. Virginia M. Wilkerson (157), Hospitality Desk and Parking Ambassador;
14. Lindsey K. Medina (34), Coordinator of Volunteers, Hospitality
Desk and Parking Ambassador;
15. Cleo M. Bretado (61), Specialists HIM Data Integrity;
16. Heidi A. Martinez (62), Specialists HIM Data Integrity; and
17. Adrienne B. Wilson (63), Specialists HIM Data Integrity.

III. SUMMARY OF EVIDENCE

At the hearing regarding the challenged ballots, the Employer presented witnesses as well as documentary evidence for each employee and classification. The following is summary of the evidence and arguments.

A. KIMBERLY L. ERVING, ADMINISTRATION ASSISTANT, NICU (EMPLOYEE 101).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because it belongs in a Business Office Clerical (“BOC”) unit. Kimberly Erving did not testify at the hearing. Instead, Vice-President of Nursing and Patient Care, Darlene Scafiddi, testified about the job duties and responsibilities of Ms. Erving’s classification.

The evidence presented at the hearing established that Ms. Erving does not work in a patient care unit. Ms. Erving works on the third floor of a building known as the Women’s Center. Ms. Erving has her own office, which she does not share with any other employee. Tr. 222:1-4; 223:15-16.

According to Ms. Erving’s job description, her job duties consist of clerical duties, such as scheduling the Director’s appointments; maintaining the Director’s daily calendar; answering phone calls for the Director; maintaining personnel files and receiving subpoenas for personnel records; and maintaining the “monthly budget and ensur[ing] timely payment of department expenses.” Er. Exh. 9. Ms. Erving also handles the payments of bills from outside vendors. Tr. 227:10-11.

Finally, Ms. Erving’s job does not require her to have any interaction with patients or patient care associates. Ms. Scafiddi testified that Ms. Erving “could” – hypothetically – interact with a patient’s family, if she took “a concern from a family of a patient.” Tr. 230:2-4. However, Ms. Scafiddi could not provide any specific example of Ms. Erving actually dealing with a patient’s family member. Tr. 231:7-16.

B. ROSA DELGADO, COORDINATOR, ICU (EMPLOYEE 127).

The Employer argued that this classification should be included in the petitioned for unit;

the Union argued that this classification should be excluded because is it belongs in a BOC unit. Rosa Delgado did not testify at the hearing. Ms. Scaffidi testified about Ms. Delgado's classification and her job duties.

The evidence presented at the hearing established that while Ms. Delgado share an office with a doctor and it is within the ICU, for all intents and purposes, she has her own office. *See* Tr. 259:15-18; 260:5-9. No patients are seen in her office. Tr. 260:7-8. In fact, the "doctor mostly works out of his own office[,]” which is located outside the hospital, and uses Ms. Delgado's office if “he's waiting for the next patient or he needs to catch up on some work.” Tr. 260:5, 11-15.

Ms. Delgado's job description requires her to be able to “[p]erform a variety of secretarial duties” that include “creating, typing and distributing necessary documents.” Er. Exh. 44. Her job duties also include, among other things, answering phones, taking and relaying messages; retrieving files, maintaining files; photocopying and collating; maintaining records. *Id.* She also assists with payroll, and performs data entry. Tr. 159:18-20

Finally, the evidence established that Ms. Delgado does not interact with patients, nor does her job require her to interact with patients. Tr. 159:23-24. Her interaction with other employees of the hospital is limited to her role in taking the minutes of meetings involving nurses, physicians, pharmacists, respiratory therapists, and social workers; taking the minutes of staff meetings; and processing payroll. Tr. 159:11-22.

C. VERONICA GARCIA AND LISA HORVATH, INTERMEDIATE BILLING REPRESENTATIVE (EMPLOYEES 141-142).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because is it belongs in a BOC unit. Neither Ms. Garcia nor Ms. Horvath testified at the hearing. Rather, Ms. Scaffidi testified about

their classification and job duties.

According to the job description for the Intermediate Billing Representative, this classification performs billing tasks. Er. Exh. 69. Their duties include ensuring that charges are correctly captured in the employer's data system, and taking phone calls. Tr. 172:18-173:18. They primarily perform data entry within their own cubicle, and do not have patient contact. *See* Tr. 276:3-23. Rarely, but on occasion, Ms. Garcia or Ms. Horvath may have to deliver pills and medicine to the floors, if the Pharmacy Messenger – a position that is not in the unit – is unavailable. Tr. 278:24-25; 279:1-7.

There is no evidence in the record that Ms. Garcia or Ms. Horvath interact with patients. Although both work in a cubicle in the basement of the hospital where the Pharmacy is located, there is scant evidence as to the frequency and of their interaction with eligible voters, or the quality of that interaction.

D. DESIREE M. LINGENFELTER-CHACON, OFFICE COORDINATOR, LDRP (EMPLOYEE 151).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because it belongs in a BOC unit. Ms. Lingenfelter-Chacon did not testify at the hearing. Instead, Director of Women's Services, Dee Ann Gibbs, testified about the job duties and responsibilities of this classification.

The job description for the Office Coordinator LDRP describes the major functions of this job to include, but not limited to, "[c]ompleting authorizations and billing issues." Er. Exh. 76. As described by Ms. Gibbs, "the primary function [of this classification] . . . has to do with scheduling physicians that want to get their patient in for a C-section. And then . . . mak[ing] sure that we had the information on the patient we need, the prenatal records, you know the lab work, whatever is required." Tr. 816:-14. Ms. Lingenfelter-Chacon also enters charges incurred

by patients and transfers that information to the billing office. Tr. 817:3-14.

Ms. Lingenfelter-Chacon works on the second floor of the Women's Center in the staff hallway, sharing an office with the Operating Room supervisor and Transport coordinator, neither of whom are eligible voters. Tr. 794:3-6; 815:2-4. Ms. Lingenfelter-Chacon's job duties do not require her to interact with patients; however, Director Gibbs testified that she sometimes relieves patient care support techs – whose role is 80% clerical and 20% percent patient care – for their lunch breaks. Tr. 793:6-15.

E. RANDY R. WALKER, APPLICATION SPECIALIST (EMPLOYEE 181).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because is it belongs in a BOC unit or a Skilled Maintenance unit. Mr. Walker did not testify at the hearing. The Employer called Vice President Scafiddi to testify about Mr. Walker's job duties and his classification.

According Mr. Walker's job description, his job duties include "support[ing], the development, implementation, monitoring, testing, and ongoing maintenance and upgrades of pharmacy related applications, clinical systems, and computerized pharmacy systems and hardware." Er. Exh. 14. He is also responsible for repairing and replacing hardware in the computerized medication dispensing cabinet. Tr. 293:8-19; 294:1-8.

The evidence demonstrated that Mr. Walker does not interact with patients. Tr. 181:22-23. While Mr. Walker has an office in the pharmacy department, his interactions with other employees consist of interacting with the Information Technology department, (Tr. 294:9-14), and training pharmacy staff on computer systems and "troubleshoot[ing] anything related to the medication dispensing cabinets or any other software in the pharmacy." Tr. 181:16-18. Other than those interactions, Mr. Waker does not interact with any other employee. Tr.181:19-21.

F. THERESA G. BANGUNAN, APPLICATION SPECIALIST, PERIOPERATIVE (EMPLOYEE 182).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because is it belongs in a BOC unit or a Skilled Maintenance unit. Ms. Bangunan did not testify at the hearing. Ms. Scaffiddi testified about Ms. Bangunan's job duties and her classification.

The job description for Application Specialist, Perioperative list the major functions of the position as being required to “[r]esearch, plan, construct, install, configure, troubleshoot, maintain, and upgrade hardware and/or software interfaces, upgrade application reports, and databases for the Perioperative applications.” Er. Exh. 13. The job duties also include “[r]esolving hardware, software, and connectivity problems.” *Id.*

Ms. Bangunan does not interact with patients. Tr. 183:21-22. Ms. Bangunan works in one of the suites on the second floor of the hospital, where the Surgery department is located. Tr. 294:20-24. Ms. Scaffiddi could not testify, with any positive assurance, as to whether Ms. Bangunan had her own office or not. Tr. 295:5-7. According to Ms. Scaffiddi, Ms. Bangunan's interactions are limited to training LVNs, PCAs, and nursing aides in the Surgery department on how to use various computer systems. Tr. 183:12-14. And although her job description places emphasis on resolving hardware, software, and connectivity issues, Ms. Scaffiddi “couldn't speak” to those issues, except to confirm that Ms. Bangunan replaces and installs hardware. Tr. 296:11-18.

G. MARIA I. JIMENEZ, HORTENSIA MACHORRO, TATIANA K. NAVARRO, ANGELICA PEREZ, ROSEMARY N. ROJO, VIRGINIA M. WILKERSON, HOSPITALITY DESK & PARK AMBASSADORS (EMPLOYEES 152-157).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because is it belongs in a BOC unit.

None of the employees in this classification testified. Instead, Vice President of Support Services, Michael Vestino, testified about the job duties and responsibilities of their classification.

Hospitality Desk and Park Ambassadors guard entrances to the hospital parking lots and interiors where they answer visitor questions and issue visitor badges. As their job description notes, employees in this classification “[p]rotect[] all hospital buildings, assests and premises as assigned.” Er. Exh. 67. Employees in this classification report to the Head of Security, and their managers are located in a department that is located in a separate building away from the hospital where an employee credit union and physician billing office is also located. Tr. 525:21-25; 526:1.

Employees in this classification do not interact with patients, except when greeting them at an entrance or guard station in the parking lot. *See* Tr. 453:2-6. For the most part, the only interaction that these employees have with other unit employees is in casual passing. Tr. 450:21-23. If there is a cleaning issue in the lobby area, for example, then they may talk with an EVS associate in order to clean up a spill. *See* Tr. 450:23-25; 451:1.

H. LINDSEY K. MEDINA, COORDINATOR, VOLUNTEERS (EMPLOYEE 34).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because is it belongs in a BOC unit. Ms. Medina did not testify. The Employer called Vice President of Administration, Leigh Cornell, to testify about Ms. Medina’s job duties and classification.

The purpose of the Coordinator, Volunteers is to recruit and supervise student volunteers, mainly high school and college students. Er. Exh. 52; Tr. 673:2-15. As part of her job, Ms. Medina spends time going to high schools and colleges speaking with students in an effort to

recruit them for volunteer opportunities. Tr. 674:5-17.

Ms. Medina shares an office behind the gift shop, on the first floor of the hospital, with the Volunteer Services Director and two assistants. No other hospital workers enter this area. Tr. 657:5-659:15, 671:15-679:9.

Finally, Ms. Medina is not involved in patient care. Ms. Medina has no direct contact with patients. Tr. 677:18-20. Her indirect contact with patients is limited to those times where she escorts a volunteer to a patient floor, and a patient may be present. Tr. 677:12-17. The only contact that she has with other employees is if employees were to talk with her about a volunteer. (Tr. 677:21-25). Or, as described by Ms. Cornell, when she walks “around the hospital because she’s checking on her volunteers so it could be just casual conversation with other associates and she knows – she’s been there a long time so she knows a lot of them, that that’s her daily interaction.” Tr. 678:3-7.

I. CLEO M. BRETADO, HEIDY A. MARTINEZ, ADRIENNE B. WILSON, SPECIALIST, HIM DATA INTEGRITY (EMPLOYEES 61-63).

The Employer argued that this classification should be included in the petitioned for unit; the Union argued that this classification should be excluded because it belongs in a BOC unit. None of the employees in this classification testified. Instead, the Employer called the Director of Health Information, Larry Smith, to testify about the job duties and responsibilities of the Specialist, HIM Data Integrity classification.

The Specialist, HIM Data Integrity classification, according to the Employer’s job description, is “[r]esponsible for ongoing monitoring and repair of patient identity issues, duplicate medical records numbers and patient overlays.” Er. Exh. 86. Employees in this classification are also required to “review insurance payments and denials and recommends billing corrections.” *Id.*

As Director Smith testified, employees in this classification work closely with supervisors in the Central Billing Office, also known as the 3SPA, which is located at an off-site location. Tr. 910:12-25; 911:1-25; 912:1-4. While employees in this classification do not work directly with insurance companies with respect to a particular claim, they do communicate directly with business office personnel about such matters. Director Smith explained that they “get notification from the business office that the particular claim has been denied for this particular reason and then they would go into the chart and find out what’s the issue in the chart.” Tr.910:12-15.

Moreover, Director Smith explained that if an insurance company is refusing to pay a claim, then the business office would communicate with employees in this classification and they would investigate why the insurance denied the claim and report their findings to personnel at the Central Business Office. *See* Tr. 911:3-12. In addition, employees in this classification would also “recommend to the business office [that] there is a problem with the name change, [that] it needs to be billed under the right patient.” Tr. 911:24-25; 912:1.

Finally, employees in this classification are not involved in patient care. They work in the basement of the hospital, and primarily deal with the Central Business Office. Tr. 909:4-6; Tr. 910:12-25; 911:1-25; 912:1-4. Director Smith testified that employees may “occasionally” interact with patients. Tr. 851:15-16. And while Director Smith testified that there was some limited interaction with other staff, like registration personnel, he conceded that he did not “know all the particular classifications.” Tr. 851:9-10. Director Smith also testified that there was some interaction with nursing staff, but his testimony lacked any specificity about the frequency or quality of such interaction. Tr. 851:1-6.

IV. ARGUMENT

A. “PATIENT-CARE DEPARTMENT CLERKS” (EMPLOYEES 101, 127, 141, 142, 151, 181 AND 182)

There is no classification entitled “Patient-Care Department Clerk” at the hospital. For some unexplainable reason, the Regional Director decided to lump together six different and diverse classifications under the heading of “Patient-Care Department Clerks.” While the fictional job title given to these classifications implies that these classifications deal with patient care, the evidence in the record does not support such a supposition.

The RD’s Supplemental Decision ignores substantial evidence in the record; and, departs from and misapplies Board precedent. We address each classification separately.

1. Administrative Assistant NICU (Employee 101).

a. The Regional Director ignored substantial factual evidence in the record.

The Regional Director’s summary of the evidence related to this classification is scant. But he seems to rely heavily upon the lone fact that this employee works in the NICU. RD Suppl. Dec. at p. 9. By lumping this classification together with the others, the Regional Director ignores the evidence in the record, and mistakenly concludes that it properly belongs in the voting unit.

The evidence presented at the hearing established that the employee in this classification does not work in a patient care unit. Rather she works on the third floor of a building known as the Women’s Center. Although the building houses patient care units, the employee has her own office, which she does not share with any other employee. Tr. 222:1-4; 223:15-16.

Moreover, her job duties consist of traditional BOC clerical duties, such as scheduling the Director’s appointments; maintaining the Director’s daily calendar; answering phone calls for the Director; maintaining personnel files and receiving subpoenas for personnel records; and

maintaining the “monthly budget and ensur[ing] timely payment of department expenses.” Er. Exh. 9. The employee also handles the payments of bills from outside vendors. Tr. 227:10-11.

The Regional Director also ignores the fact that the employees’ job duties do not require her to have any interaction with patients or patient care associates. The only testimony about her interacting with patients was explained through a hypothetical scenario whereby by the Employer’s witness testified that the employee “could” interact with a patient’s family, if she took “a concern from a family of a patient.” Tr. 230:2-4. The Employer’s witness, however, could not provide any specific example of this employee actually dealing with a patient’s family member. Tr. 231:7-16.

None of these facts are discussed – much less mentioned – in the RD’s Supplemental Decision. As such, the Regional Director ignored substantial factual evidence in the record.

b. The Regional Director departed from and misapplied Board precedent.

The Regional Director relies upon *St. Elizabeth’s Hosp.*, 220 NLRB 325 (1975) to conclude that the Administrative Assistant, NICU classification should be included in the service/non-professional unit because the employee in this classification works in a department related to patient care. The Regional Director’s reliance on *St. Elizabeth* is misplaced for two reasons.

First, the evidence in the record does not support the factual finding that the employee in this classification actually works *in* a patient care unit. *See* Tr. 222:1-4; 223:15-16. Indeed, the employee in this classification works in an office of her own, has *no* patient interaction, and only a hypothetical possibility of interacting with a patient’s family, if she took “a concern from a family of a patient.” Tr. 230:2-4.

Second, the Regional Director cites *St. Elizabeth’s* for the proposition that the Board

considers clericals who work in patient care units to be “hospital clericals” and not business office clericals. RD Suppl. Dec. at p. 9. That’s the extent of the Regional Director’s analysis. But *St. Elizabeth’s* relied upon *Newington Children’s Hosp.*, 217 NLRB 793, 795 (1975), which the Regional Director failed to discuss.

The Board in *Newington* explained that while it considers the geographic location of clericals, it also must determine whether the clericals “work and working conditions are materially related to unit work.” *Newington Children’s Hosp.*, 217 NLRB at 795. The Board provided an example of what it meant by “materially related to unit work”:

For example, the clerk II in the operation room is in the nursing department, relays and receives messages from the operating room, and is supervised by the operating room supervisor. The ward clerks are also in the nursing department, are supervised by the head nurse, answer the patients’ intercom, and give and receive telephone messages. In the housekeeping department, the secretary I acts as a secretary to the executive housekeeper, coming in constant contact with other housekeeping employees who have questions throughout the day.

Id.

Here, the Administrative Assistant, NICU has no patient contact, does not interact with other unit employees, has her own office, serves as her Director’s personal secretary, and handles the payments of bills from outside vendors. Tr. 227:10-11. Accordingly, the Regional Director should have excluded this classification from the voting unit, because her work is not “materially related to unit work.”

2. Coordinator, ICU (Employee 127).

a. The Regional Director ignored substantial factual evidence in the record.

The evidence presented at the hearing established that while the Coordinator, ICU shares an office with a doctor within the ICU department, for all intents and purposes, she has her own

office. *See* Tr. 259:15-18; 260:5-9. No patients are seen in the office. Tr. 260:7-8.

The employee does not have any patient contact, nor does her job require her to interact with patients. Tr. 159:23-24. And her only interaction with other employees of the hospital is limited to her role in taking the minutes of meetings involving nurses, physicians, pharmacists, respiratory therapists, and social workers; taking the minutes of staff meetings; and processing payroll. Tr. 159:11-22

The job description of Coordinator, ICU requires the employee to be able to “[p]erform a variety of secretarial duties” that include “creating, typing and distributing necessary documents.” Er. Exh. 44. She also assists with payroll and performs data entry. Tr. 159:18-20.

The Regional Director failed to consider any of this evidence, and simply determined that because she worked in the ICU, she should be included in the voting unit. As a result, the Regional Director failed to consider the substantial factual evidence in the record.

b. The Regional Director departed from and misapplied Board precedent.

For the same reasons as discussed above, in A(1)(b), the Regional Director ignored and misapplies Board precedent. Here, the Coordinator, ICU’s work is not “materially related to unit work”: she has no patient contact, has very limited interaction with other unit employees, basically has her own office, serves as her Director’s personal secretary, and handles the payroll and performs data entry. *See* Tr. Tr. 159:11-24.

Accordingly, she should be excluded from the unit based on the test in *Newington Children’s Hosp*, 217 NLRB 793 (1975).

3. Intermediate Billing Representatives (Employees 141 and 142).

a. The Regional Director ignored substantial factual evidence in the record.

The Regional Director's discussion of the Intermediate Billing Representative classification is limited to noting that employees in this classification work in the Pharmacy; and on that basis, alone, the Regional Director concludes that they should be included in the service/non-professional unit.

The mere fact that employees in this classification work in a cubicle in the basement of the hospital where the Pharmacy is located is not dispositive as to their unit placement. The Regional Director should have considered the job duties performed by the Intermediate Billing Representative. According to the job description, this classification is responsible for performing billing tasks. Er. Exh. 69. Their duties include ensuring that charges are correctly captured in the employer's data system, and taking phone calls. Tr. 172:18-173:18.

Employees in this classification primarily perform data entry, and do not have any contact with patients or the public. See Tr. 276:3-23. Rarely, but on occasion, employees may have to deliver pills and medicine to the floors, if the Pharmacy Messenger – a position that is not in the unit – is unavailable. Tr. 278:24-25; 279:1-7.

The Regional Director ignored the substantial evidence showing that employees in the Intermediate Billing Representative classification have no patient contact; do not interact with other unit employees, except, on the rare occasion, when they cover for another non-unit employee; and that the nature of their work is unrelated to the Pharmacy work.

b. The Regional Director departed from and misapplied Board precedent.

The Regional Director cites *Med. Arts of Houston*, 221 NLRB 1017, 1018 (1975) for the proposition that the Board “traditionally considers pharmacy department clericals to be hospital

clericals.” The Regional Director’s cursory treatment of *Med. Arts* leads him to again ignore and misapply the Board’s full test for hospital clericals – that is, that “[t]heir work and working conditions are materially related to unit work.”

Here, the work and working conditions of the Intermediate Billing Representative are not like those of employees in the voting unit. Nor are they similar to the pharmacy technician, pharmacy clerk, pharmacy delivery clerk, or customer service classifications that the Board, in *Med. Arts*, included in the non-professional unit. *Med. Arts*, 221 NLRB at 1018. Unlike the classifications in the voting unit or those in *Med. Arts*, the Intermediate Billing Representative has no patient contact, does not interact with other unit employees, and does not perform other work that is similar to unit employees.

4. Office Coordinator LDRP (Employee 151).

a. The Regional Director ignored substantial factual evidence in the record.

Like the other job classifications that he lumped together as “Patient-Care Department Clericals,” the Regional Director concluded that the Office Coordinator LDRP should be included in the voting unit, based on nothing more than the employee’s geographic work location in the hospital.

The Regional Director appears to have completely ignored the evidence regarding the work and working conditions of the Office Coordinator LDRP. The job description for the Office Coordinator LDRP describes the major functions of the job to include, but not limited to, “[c]ompleting authorizations and billing issues.” Er. Exh. 76. As described by Director Gibbs, “the primary function . . . has to do with scheduling physicians that want to get their patient in for a C-section. And then . . . mak[ing] sure that we had the information on the patient we need, the prenatal records, you know the lab work, whatever is required.” Tr. 816:-14. The employee

in this classification enters the charges incurred by the patient and transfers that information to the billing office. Tr. 817:3-14.

While the employee works on the second floor of the Women's Center in the staff hallway, she shares an office with the Operating Room supervisor and Transport coordinator, neither of whom are eligible employees. Tr. 794:3-6; 815:2-4. Although she sometimes relieves patient care support techs, the evidence with respect to how often this occurs is lacking.

In determining that this classification should be included in the voting unit, the Regional Director failed to consider the substantial evidence in the record.

b. The Regional Director departed from and misapplied Board precedent.

As discussed above, in A(1)(b), the Regional Director misapplies Board precedent. Here, the Office Coordinator, LDRP position does not require patient contact. Moreover, the employee in this position does not have to interact with other voting unit employees, but does interact with billing office employees since she is responsible for entering charges incurred by patients and transferring that information to the billing office. Tr. 817:3-14.

Accordingly, the Regional Director failed to apply the "materially related to the unit work" test.

5. Application Specialist (Employee 181).

a. The Regional Director ignored substantial factual evidence in the record.

The Regional Director determined that the Application Specialist should be included in the voting unit. In making this determination, the Regional Director relies solely on the employees' geographic work location. The Regional Director ignores the work and working conditions of the Application Specialist.

This classification supports and maintains the information system applications for the pharmacy. The job duties include “support[ing], the development, implementation, monitoring, testing, and ongoing maintenance and upgrades of pharmacy related applications, clinical systems, and computerized pharmacy systems and hardware.” Er. Exh. 14. The employee is also responsible for repairing and replacing hardware in the computerized medication dispensing cabinet. Tr. 293:8-19; 294:1-8.

The employee in this classification does not interact with patients. Tr. 181:22-23. And his interactions with other employees consist of interacting with the Information Technology department, (Tr. 294:9-14), and training pharmacy staff on computer systems and “troubleshoot[ing] anything related to the medication dispensing cabinets or any other software in the pharmacy.” Tr. 181:16-18.

b. The Regional Director departed from, ignored, and misapplied Board precedent.

Here, the Regional Director again cites *Med. Arts of Houston*, 221 NLRB 1017, 1018 (1975) for the proposition that the Board “traditionally consider pharmacy department clericals to be hospital clericals.” As a result, the Regional Director fails to explain how the Application Specialist’s “work and working conditions are materially related to unit work.” *Id.* This classification has no interaction with patients or the public, but merely supports and maintains the information system applications for the pharmacy. Such positions are considered part of the BOC unit. *See Trumbull Mem’l Hosp.*, 218 NLRB 796, 797 (1975); *Rhode Island Hosp.*, 313 NLRB 343, 361 (1993).²

² In addition, given that this employee repairs and replaces hardware in the computerized medication dispensing cabinet, this classification may be more appropriate in a skilled maintenance unit. *See Children’s Memorial Hosp.*, 13-RC-21611 (June 1, 2007).

6. Application Specialist (Employee 182).

a. The Regional Director ignored substantial factual evidence in the record.

The Regional Director determined that the Application Specialist, Perioperative classification should be included in the voting unit. The Regional Director relies solely on the employees' geographic work location, and ignores the work and working conditions of the Application Specialist, Perioperative.

The job description for Application Specialist, Perioperative list the major functions of the position as being required to “[r]esearch, plan, construct, install, configure, troubleshoot, maintain, and upgrade hardware and/or software interfaces, upgrade application reports, and databases for the Perioperative applications.” Er. Exh. 13. The job duties also include “[r]esolving hardware, software, and connectivity problems.” *Id.*

The employee does not interact with patients. Tr. 183:21-22. The employee does work in one of the suites on the second floor of the hospital, where the Surgery department is located, but there is no evidence that she works in the department. Tr. 294:20-24. The employee may have her own office not. Tr. 295:5-7. Her interactions are limited to training LVNs, PCAs, and nursing aides in the Surgery department on how to use various computer systems. Tr. 183:12-14.

b. The Regional Director departed from, ignored, and misapplied Board precedent.

As discussed above, in A(1)(b), the Regional Director misapplies Board precedent. This classification has no interaction with patients or the public, but merely supports and maintains the information system applications for the pharmacy. Such positions are considered part of the BOC unit. *See Trumbull Mem'l Hosp.*, 218 NLRB 796, 797 (1975); *Rhode Island Hosp.*, 313

NLRB 343, 361 (1993).³

B. “HOSPITAL GREETERS” (EMPLOYEES 152-157).

Like the “Patient-Care Department Clerks,” for some unknown reason, the Regional Director took the liberty to describe Hospitality Desk and Parking Ambassadors as “Hospital Greeters.” While it is true that the employees in this classification may greet visitors in and outside the hospital, that is only a part of their job duties. Moreover, Regional Director’s decision does not square with his analysis and conclusion that the Security Assistant should be excluded from the unit. *See* RD’s Suppl. Dec. at p. 7. Finally, review should be granted because the Regional Director misapplied *Lincoln Park Nursing Home*, 318 NLRB 1160, 1165 (1995) for the proposition that the “Hospital Greeters” should be included in the service/non-professional unit.

1. The Regional Director ignored substantial factual evidence in the record.

The Hearing Officer found that the Hospitality Desk and Park Desk classification “is not a classification that should be included in the nonprofessional and technical unit.” HO’s Rep. at p. 65. Based on the evidence in the record, which the Regional Director ignored, this classification should be excluded from the petitioned for unit because it is more appropriately a BOC classification; or, alternatively, it should be excluded from the unit because employees in this classification are guards as defined by Section 9(b)(3) of the Act.

In his decision, the Regional Director notes that employees in the classification of Hospitality Desk and Park Ambassadors are “not directly involved in providing healthcare

³ In addition, given that this employee repairs and replaces hardware in the computerized medication dispensing cabinet, this classification may be more appropriate in a skilled maintenance unit. *See Children’s Memorial Hosp.*, 13-RC-21611 (June 1, 2007).

services to patients, [but] a *significant* portion of their job involves greeting patients and their guests” RD Suppl. Dec. at p. 9 (emphasis added). The Regional Director’s emphasis on the greeting of patients and guests is not supported by the record, and ignores significant evidence in the record that demonstrates that this classification involves much more than greeting.

A major function of their job is to guard entrances to the hospital parking lots and interiors. As their job description notes, their duties include “[p]rotect[ing] all hospital buildings, assets and premises as assigned.” Er. Exh. 67. Employees in this classification report to the Head of Security, like the Security Assistant who the Regional Director found belonged in the BOC. Their managers are located in a department that is located in a separate building away from the hospital where an employee credit union and physician billing office is located. Tr. 525:21-25; 526:1.

Contrary to the Regional Director’s claim that a “significant portion” of the job duties are dedicated to greeting patients and guests, the record indicates that employees in this classification have little contact with patients and guests. *See* Tr. 453:2-6. For the most part, the only interaction that these employees have with other employees is in casual passing or if they need something cleaned up. Tr. 450:21-23; 450:23-25; 451:1.

Finally, there is no analysis in the RD’s Supplemental Decision as to whether these employees should be considered guards as defined by the Act. Given that these employees are charged with “[p]rotect[ing] all hospital buildings, assets and premises as assigned,” (Er. Exh. 67), and report to the Head of Security, the Regional Director should have analyzed this issue.

For these reasons, the Union requests that the Board grant review, because the Regional Director failed to consider this substantial evidence in his discussion of whether these employees should be excluded or included in the unit.

2. The Regional Director misapplied Board precedent.

The only decision that the Regional Director cites in support of his conclusion is *Lincoln Park Nursing Home*, 318 NLRB 1160, 1165 (1995). *Lincoln Park* is not applicable to the facts of this case, and it provides no support for the Regional Director's position that Hospitality Desk and Parking Ambassadors should be included in the unit.

First, *Lincoln Park* involves a nursing home; and, for that reason, does not involve an acute-care hospital or the Healthcare Amendments. For this reason, alone, it offers no support. In fact, this is the very reason that the Regional Director rejected the Employer's argument that *Lincoln Park* somehow supported the inclusion of PBX Operators and Receptionists into the service/non-professional unit. RD's Suppl. Dec. at p. 5. As the Regional Director stated, in rejecting the Employer's argument, "I note that the *Lincoln Park* case does not involve an acute-care hospital, and somewhat different considerations apply." *Id.* The Regional Director does not explain why *Lincoln Park* should apply to this classification only.

Lincoln Park involves a dispute about receptionists, who, among other things, were stationed at the front desk of a nursing home, "greet[ed] visitors when they enter[ed] the [nursing home] . . . and request[ed] that they sign a register." *Lincoln Park*, 318 NLRB at 1164. The receptionist classification in *Lincoln Park*, however, is significantly different than the Hospitality Desk and Parking Ambassador classification. While the Hospitality Desk and Parking Ambassadors may work in the interiors of the hospital, they also work in the exterior of the hospital (in the parking lots), their offices are located in a building that is off-site, housing an employee credit union, billing offices and security, and they have little interaction with patients or other employees. *See* Tr. 525:21-25; 526:1; 453:2-6; 450:21-25; 451:1.

As such, the Union requests that the Board grant its request for review, and sustain the challenges to the Hospitality Desk and Parking Ambassadors.

C. COORDINATOR, VOLUNTEERS (EMPLOYEE 34)

Although acknowledging that the “Board sometimes includes volunteer department clericals in a BOC unit” the Regional Director nevertheless concluded that the Coordinator, Volunteer should be included in the service/nonprofessional unit. RD Suppl. Dec. at pp. 9-10. The Regional Director’s conclusion, however, ignores substantial factual evidence in the record, and ignores and misapplies Board precedent.

1. The Regional Director ignored substantial factual evidence in the record.

The RD’s Supplemental Decision simply ignores and omits substantial factual evidence in the record, while focusing on the employee’s infrequent interaction with other employees in the unit, and her indirect contact with patients.

The purpose of the Coordinator, Volunteers is to recruit and supervise student volunteers, mainly high school and college students. Er. Exh. 52; Tr. 673:2-15. In order to recruit students, the employee spends her time outside of the hospital, travelling to high schools and colleges in an effort to recruit students for volunteer opportunities. Tr. 674:5-17. When she is at the hospital, the employee in this classification shares an office behind the gift shop, on the first floor of the hospital, with the Volunteer Services Director and two assistants. No other hospital workers enter this area, and it is not a patient care area. Tr. 657:5-659:15, 671:15-679:9. The Regional Director omitted these significant facts from his decision.

Contrary to the RD’s Supplemental decision, there is no evidence in the record that the employee in this classification is involved in any patient care. *See* Tr. 677:18-20 (noting that the employee has no direct contact with patients). The little indirect contact that she has with patients is limited to those times where she escorts a volunteer to a patient floor, and a patient may be present. Tr. 677:12-17. The only conduct that she has with other employees is if they were to

talk to her about a volunteer, or to engage in a casual conversation. Tr. 677:21-25; 678:3-7.

The Regional Director seems to suggest that because the work of volunteers is related to patient care, then, by extension, the work of the Coordinator, Volunteer is related to patient care. This line of reasoning should be rejected for two reasons: First, there is no evidence in the record specifying the type of work that volunteers actually perform; the only evidence in the record is that volunteers may work around patients or on patient floors. Second, merely because the Coordinator, Volunteer may secure volunteers to volunteer with patients does not mean that her work involves patient care, especially given that she works outside of the hospital, that her office at the hospital is not located in patient care areas, and that she only indirectly interacts with patients or other unit employees. In other words, if the Regional Director's reasoning was sound, then that would mean that a Billing Clerk would be involved in patient care, because the Billing Clerk talks with patients when attempting to collect payment.

2. The Regional Director ignored and misapplied Board precedent.

In his decision, the Regional Director acknowledged that the Board has included volunteer department clericals in a BOC unit. RD's Suppl. Dec. at p. 9 (citing *Seton Med. Ctr.*, 221 NLRB 120, 122 (1975)). The Regional Director, however, also noted that sometimes the Board does not include volunteer department clericals into the unit. RD's Suppl. Dec. at p. 9 (citing *Buffalo Gen. Hosp.*, 218 NLRB 1090, 1092 (1975)). Relying on *Buffalo Gen.*, the Regional Director concluded that the Coordinator, Volunteer should be included in the unit.

The Regional Director's reliance upon *Buffalo Gen.*, rather than *Seton Med. Ctr.*, is a misapplication of Board precedent. In *Buffalo Gen.*, a RM case that was issued prior to the *Seton Med. Ctr.* case, the parties did not litigate the issue of whether volunteer clericals should be included in the BOC unit. Rather, the parties stipulated that the volunteer classification should

be included in a unit of non-professional employees. *Buffalo Gen. Hosp.*, 218 NLRB at 1092.

By contrast, in *Seton Med. Ctr.*, the parties actually litigated the issue of whether “all employees in the volunteer department, including department secretaries and other clerical employees in the department,” should be included in a BOC unit. *Seton Med. Ctr.*, 221 NLRB at 120. The employer argued that the only appropriate unit included a unit encompassing all clerical employees. *Id.* Among the employees that the employer sought to include were all employees in the volunteer department. *Id.* While the Board does not specifically discuss the volunteer employees, it does conclude that they are all “properly included in a unit of business office clerical employees.” *Id.* at 122.

Given the issues litigated – or lack of issues litigated – in both *Buffalo Gen. Hosp.* and *Seton Med. Ctr.*, along with the date that each decision issued, there is no rational reason why the Regional Director should have relied upon *Buffalo Gen. Hosp.* rather than *Seton Med. Ctr.*; and in doing so, the Regional Director ignored the one decision that actually wrestled with the issue presented in this matter.

As such, the Regional Director has ignored and misapplied Board precedent, and the Petitioner therefore requests that the Board grant review.

D. SPECIALIST HIM DATA INTEGRITY (EMPLOYEES 61-63).

1. The Regional Director’s Supplemental decision contains a substantial drafting error.

In his decision, in agreement with the Hearing Officer, the Regional Director concluded that a group of employees, whom he classified as “Medical Records Clericals,” should *not* be included in the bargaining unit. RD Suppl. Dec. at pp. 5-6. Three of the employees that he included in this group work in the classification of Specialist HIM Data Integrity. *Id.* Summarizing the Employer’s argument, the Regional Director specifically addressed the

Specialist classification:

The Employer also argues that the Specialists should be reclassified as hospital clericals because they interact with unit employees, including nursing staff. While the record contains evidence that they do interact with unit employees, the record does not establish how much, and the interaction must be frequent to justify their reclassification as hospital clericals.

Id. at p. 6.

However, later in the decision, the Regional Director addressed just the Specialist classification and concluded that they should be included in the unit, because the employees in this classification are “not involved either with patient billing or insurance, traditional BOC functions.” *Id.* at p. 10.

The Regional Director’s conclusion that the Specialist, HIM Data Integrity classification should be included into the unit is clearly a mistake, given his analysis as to why they should be included along with the Medical Records Technicians; and because the Regional Director’s claim that employees in this classification “ensure the integrity of patient health records” and do not deal with “patient billing or insurance” is not accurate. *See* Tr. 910:12-25; 911:1-25; 912:1-4.

Accordingly, Petitioner requests the Board to correct the error, and sustain the Union’s challenges to this classification.

2. The Regional Director ignored substantial factual evidence and Board precedent.

To the extent that the Regional Director meant to include the Specialist, HIM Data Integrity classification in the unit, then his decision ignores substantial factual evidence in the record, along with Board precedent. The purported rationale given for including this classification is because employees in the classification “ensure the integrity of patient health records” and do not deal with “patient billing or insurance.” RD Suppl. Dec. at p. 10. This

rationale ignores substantial evidence in the record.

Employees in this classification work closely with supervisors in the Central Billing Office, also known as the 3SPA, which is located at an off-site location. Tr. 910:12-25; 911:1-25; 912:1-4. While employees in this classification do not deal directly with insurance companies with respect to a particular claim, they communicate directly with business office personnel. Indeed, a “major function” of their job requires them to “review insurance payments and denials and recommends billing corrections.” *Id.*

Furthermore, as Director Smith explained, if an insurance company is refusing to pay a claim, then the business office would communicate with employees in this classification and they would investigate why the insurance company denied the claim and report their findings directly to personnel at Central Business Office. *See* Tr. 911:3-12. In addition, employees in this classification would also “recommend to the business office [that] there is a problem with the name change, [that] it needs to be billed under the right patient.” Tr. 911:24-25; 912:1.

Lastly, as the Regional Director concluded in the earlier part of his decision, there is little evidence in the record to suggest that these employees “frequently” interact with other unit employees. RD Suppl. Dec. at p. 6. The employees in this classification are not involved in patient care, and they work in the basement of the hospital, and they primarily deal with the Central Business Office. Tr. 909:4-6; Tr. 910:12-25; 911:1-25; 912:1-4.

Because the Regional Director ignored substantial evidence in the record and Board precedent, Petitioner requests that the Board grant it’s request to review with respect to the Specialist, HIM Data Integrity classification.

V. CONCLUSION

For the foregoing reasons, the Union requests that the Board grant it’s request for review;

and sustain the challenges to the 17 individuals that the Regional Director found should be included in the voting unit.

Dated: March 31, 2017

Respectfully submitted,

WEINBERG, ROGER & ROSENFELD

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West

**PROOF OF SERVICE
(CCP §1013)**

I am a citizen of the United States and resident of the State of California. I am employed in the County of Alameda, State of California, in the office of a member of the bar of this Court, at whose direction the service was made. I am over the age of eighteen years and not a party to the within action.

On March 31, 2017, I served the following documents in the manner described below:

**REQUEST FOR REVIEW OF REGIONAL DIRECTOR'S SUPPLEMENTAL
DECISION AND DIRECTION TO SUSTAIN CERTAIN CHALLENGED BALLOTS
AND TO COUNT THE REMAINING CHALLENGED BALLOTS**

- ☒ (BY ELECTRONIC SERVICE) By electronically mailing a true and correct copy through Weinberg, Roger & Rosenfeld's electronic mail system from lhull@unioncounsel.net to the email addresses set forth below.

On the following part(ies) in this action:

Mr. William Cowen, Regional Director
NATIONAL LABOR RELATIONS BOARD,
Region 21
888 South Figueroa Street, 9th Floor
Los Angeles, CA 90017
(213) 894-2778 (fax)
william.cowen@nrlb.gov

Michael R. Goldstein
Musick, Peeler & Garrett LLP
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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on March 31, 2017, at Alameda, California.

/s/ Lara Hull

Lara Hull

EXHIBIT A

EXHIBIT A

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 21**

**POMONA VALLEY HOSPITAL MEDICAL
CENTER**

Employer

and

Case 21-RC-166499

**SERVICE EMPLOYEES INTERNATIONAL
UNION, UNITED HEALTHCARE WORKERS-
WEST**

Petitioner

**SUPPLEMENTAL DECISION AND DIRECTION
TO SUSTAIN CERTAIN CHALLENGED BALLOTS
AND
TO COUNT THE REMAINING CHALLENGED BALLOTS**

Pursuant to a Decision and Direction of Election, an election was conducted on January 21 and 22, 2016, among certain employees of the Employer. Because the parties disagreed about whether certain individuals were eligible voters, they voted utilizing the Board's challenged-ballot procedure. The tally of ballots showed that of the approximately 1065 eligible voters in the voting unit agreed upon by the parties, 531 cast ballots for the Petitioner, and 458 cast ballots against union representation. There were also 218 challenged ballots, a sufficient number to affect the outcome of the election. No objections were filed.

A hearing was directed on the challenged ballots. On June 9, 2016, the Hearing Officer issued a report in which he recommended that the challenges to most of the ballots be sustained, that the ballots of 65 individuals be opened and counted,¹ and that a revised tally of ballots issue. The Employer filed exceptions and a supporting brief. Although the Petitioner did not file exceptions, the Petitioner submitted a letter identifying certain typographical errors in the report. The Employer filed an answering brief in response to the Petitioner's letter.

The Hearing Officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed. I have considered the evidence and the arguments presented by the parties and, for the reasons discussed below, I affirm the Hearing Officer's decision to sustain most of the

¹ Although the Hearing Officer concluded that the challenges to the ballots of Customer Relations Liaisons Antonia Cisneros (143), Ivsel Nunez (144), and Jodi Previch (145) should be overruled, he included their names in the list of employees whose ballots should not be counted. I have moved their names to the list of employees whose ballots should be opened and counted, and deleted them from the list of sustained challenges. The rest of this Decision refers to those numbers as corrected.

challenged ballots. However, I disagree with the Hearing Officer's decision to sustain the challenges to the ballots of the following 17 employees: Coordinator Volunteers Lindsey K. Medina (34)²; Specialists HIM Data Integrity Cleo M. Bretado, Heidy A. Martinez, and Adrienne B. Wilson, (61-63); Administrative Assistant NICU Kimberly L. Erving (101); Coordinator ICU Rosa Delgado (127); Intermediate Billing Representatives Veronica Garcia and Lisa J. Horvath (141-142); Office Coordinator LDRP Desiree M. Lingenfelter-Chacon (151); Hospitality Desk and Parking Ambassadors Maria I. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, and Virginia M. Wilkerson (152-157); Application Specialist Pharmacy Randy R. Walke (181); and Application Specialist Perioperative Services Theresa G. Bangunan (182). Those 17 ballots, together with the 65 challenges the Hearing Officer overruled, are sufficient in number to affect the outcome of the election. Accordingly, I order that the following ballots be opened and counted and that a revised tally of ballots be issued:

Jeremiah Trujillo (3), Kathleen M. Ruiz (8), Randy Cortinas (19), Daniel Tsuji (20), Damion Williams (21), Myong S. Jacobs (22), Michael H. Nicholson (23), Lindsey K. Medina (34), Francisco Acosta (36), Candice S. Castellanos (37), Mercedes Martin (38), Maribel Prado (39), Martha E. Rangel (40), Charles S. Valdepena (41), Lisa S. Richardson (42), Jenny L. Smith (43), Julie Barrera (44), Simone L. Dazalla (45), Viviana M. Flores (46), Pamela Lee-Porter (47), Donna S. Romero (48), Olivia Trebino (49), Kimberly Wallace (50), Suzanne L. Avina (51), Alma Goldberg (52), Laura E. Gonzalez (53), Lavetete I. Taylor (54), Donna L. Phillips (60), Cleo M. Bretado (61), Heidy A. Martinez (62), Adrienne B. Wilson (63), Rosaura Rodriguez (64), Jeanie M. Hopf (94), Angelica Quinones (95), Margaret Boyle (96), Katarina L. Brown (97), Adrian Belmontez (98), Elizabeth Delatorre (100), Kimberly L. Erving (101), Rita M. Gomez (102), Sandra Ibarra (103), Irma Moreno (104), Vera M. Navarro (105), Tina L. Sharp (106), Korina H. Vasquez (107), Hendrietta Wing (108), Linda L. Vaughn (110), Monica Medina (111), Stephanie Ramirez (112), Katrina Stock (113), Jacquelyn K. Martin (114), Irene C. Cortez (115), Lisa M. Vigoa (117), Brenda Taylor (119), Edith M. Basulto (120), Kahlen Limjoco (121), Valerie Romero (123), David K. Voltz (124), Peggy L. Mata (125), Valerie N. Verdugo (126), Rosa Delgado (127), James R. Morales (134), Irma A. Arellano (135), Alison M. Ficke (156), Patricia Moran (137), Betty Jean Munoz (139), Stephanie Curiel (140), Veronica Garcia (141), Lisa J. Horvath (142), Antonia Cisneros (143), Ivsel Nunez (144), Jodi Previch (145), Desiree M. Lingenfelter-Chacon (151), Maria I. Jimenez (152), Hortensia Machorro (153), Tatiana K. Navarro (154), Angelica Perez (155), Rosemary N. Rojo (156), Virginia M. Wilkerson (157), Randy R. Walker (181), Theresa G. Bangunan (182), and Janice A. Barnes (218).

THE EMPLOYER'S EXCEPTIONS

The Employer filed exceptions to all of the Hearing Officer's recommendations sustaining ballot challenges. The ballots of 218 individuals, approximately 20 percent of the potentially eligible voters, were challenged. After conducting a hearing on February 12, 16, 17, and 18, 2016, the Hearing Officer recommended that 153 of the 218 challenged ballots be

² This number refers to the number assigned to the challenge by the Hearing Officer in his Report.

sustained, but that 65 be opened and counted. With one exception, the 153 challenged ballots that the Hearing Officer recommended not be counted are ballots of individuals that the Hearing Officer concluded were business office clericals (BOCs). The Employer filed exceptions, arguing that all 153 individuals are hospital clericals and, therefore, should be included in a unit of service/nonprofessional and technical employees.

BUSINESS OFFICE CLERICALS vs. HOSPITAL CLERICALS

Although hospitals employ many individuals whose jobs are primarily clerical, "rooted in community of interest considerations, including the performance of different functions for different purposes in separate work areas under separate supervision," over 40 years ago, in *Mercy Hospitals of Sacramento, Inc.*, 217 NLRB 765, 770 (1975), the Board decided that "in the health care field, as in the industrial sphere," all clerical employees should not be included in the same unit. Rather, the Board held:

We shall continue to recognize a distinction between business office clerical employees, who perform mainly business-type functions, and other types of clerical employees whose work is more closely related to the function performed by personnel in the service and maintenance unit and who have, in the past, been traditionally excluded by the Board from bargaining units of business office clerical employees. Thus, the Board has consistently recognized that the interests of business office clerical employees differ markedly from the interest of clerical employees who work in the production areas and has declined to establish bargaining units composed of the two groups.

Thus, in *St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976) the Board established the following guidelines in hospital cases for determining whether clericals are BOCs:

Business office clericals are those clerical employees who, because they perform business office functions, have minimal contact with unit employees or patients, work in geographic areas of the hospital, or perform functions, separate and apart from service and maintenance employees, and thus do not share a community of interest with the service and maintenance unit employees.

BOCs generally work in the administration, planning and development, public relations, personnel, accounting, management engineering, internal audit, pastoral care and education, communications, medical education, community affairs, credit union and purchasing departments. BOCs also work in a hospital's "admitting, data processing, payroll, and business office departments." *Trumbull Memorial Hospital*, 218 NLRB 796 (1975).

The clerical work of BOCs is generally limited to finance, billing, and insurance, and is not directly involved in patient care or with physical or environmental health. *Lifeline Mobile Medics, Inc.*, 308 NLRB 1068 (1992). In this regard, BOCs work in data entry and data processing even though the data they handle originates throughout the hospital. *Rhode Island Hospital*, 313 NLRB 343, 361 (1993). Receptionists and admitting clerks are also generally

included in a BOC unit. *St. Elizabeth's Hospital of Boston*, 220 NLRB 325 (1975). BOCs deal with Medicare, Medicaid, and other reimbursement systems. *Lincoln Park Nursing Home*, 318 NLRB 1160, 1164 (1995). Telephone operators are also considered BOCs because they function as an adjunct to the admissions and information functions. *Baptist Memorial Hospital*, 225 NLRB 1165 (1976).

By contrast hospital clericals work throughout the hospital, alongside, and with similar objectives, as patient-care employees. *St. Francis Hospital*, 219 NLRB 963, 964 (1975). They generally have continual contact with patients and other service and maintenance employees, are physically separated from business office employees, work primarily with patients and patients' records rather than the materials with which BOCs work, and are not supervised by the people who supervise BOCs. *William W. Backus Hospital*, 220 NLRB 414, 415 (1975).

Employees may be considered hospital clericals even if their work is not directly involved in patient care. Clerical employees whose work is not directly connected and related to patient care, but who come in frequent contact with unit employees in the nonprofessional unit, and do not perform tasks related to the business offices, are viewed as sharing a sufficient community of interest with nonprofessional employees to be considered hospital clericals, and are included in their unit. *Baptist Memorial Hospital*, supra at 1167-1168; *St. Luke's Episcopal Hospital*, 222 NLRB 674, 677 (1976). Similarly, medical-records employees are sometimes considered hospital clericals, not BOCs, because they work largely with patients' medical records, are located in areas near other nonprofessional unit employees, have frequent contact with employees who deal directly with patients, and little contact with admitted BOCs. *Rhode Island Hospital*, supra at 362-363. However, when medical-records employees are geographically isolated, they are classified as BOCs. *St. Luke's Episcopal Hospital*, supra at 677.

THE POMONA BOCs

1. *Building Construction and Administration Clericals*

The Employer argues that employees involved with building construction and administration, namely Project Coordinator Douglas R. Rose (5); Assistant Financial Planning Office, Charisse Marbury (6); Coordinator, Project Finance, Master Planning Vinh N. Thai (7); Administrative Assistant, Master Planning Candice Whitney (99); Assistant Foundation Haidi Carrillo (116); and Database and Prospect Research Specialist, Foundation Susan McGrath (165), are hospital clericals and should be included in the unit. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs because employees who are involved in planning and development, and whose work is unrelated to patient care, are generally considered BOCs. I agree. The Board classifies clerical employees who work in planning and development as BOCs. See, e.g., *St. Luke's Hospital*, supra at 676. The Employer contends that their interaction with unit employees makes them hospital clericals. That they spend some of their time in the main hospital interacting with unit employees does not require a different result, and the record does not establish that these employees had the requisite frequent interaction with unit employees. Moreover, the work that they perform is more of a business-office type, unrelated to patient care.

2. PBX Operators and Receptionists

The Employer argues that the PBX Operators/Receptionists Patricia S. Escobar (9), Rosa E. Gutierrez Velazquez (10), Pamala Loomis (11), Evelyn M. Lua (12), Cheryl A. McDonald (13), Christina B. Mullins (14), Jessica Padilla (15), Cristina Robles (16), Natalie Torres (17), and Sonia Trejo (18); and Telecommunications Tech William L. Mittelstaedt (217), are also hospital clericals. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs. I agree. The Board has consistently held that PBX operators and the like are BOCs. See, e.g., *Baptist Memorial Hospital*, supra at 1168. Relying on *Lincoln Park Nursing Home*, 318 NLRB 1160 (1995), the Employer argues that they are hospital clericals because of their daily interaction with unit employees. I note that the *Lincoln Park* case does not involve an acute-care hospital, and somewhat different considerations apply. Moreover, in that case the Board concluded that receptionists should be included in a service and maintenance unit because: their duties were functionally unrelated to BOC work; they worked near the main lobbies; and they were not physically isolated in BOC offices. Here, by contrast, regardless of their contact with unit employees, the PBX Operators/Receptionists and the Telecommunications Tech perform what the Board considers to be BOC work.

3. Employee Benefits' Clericals

The Employer argues that clerical employees who work with employee benefits, including Benefit Specialists Fauzia T. Rahman (24), and Alejandra Romero (25); Worker's Compensation Claims Specialist Vicki L. Reinert (26); Employee Specialists Carla S. Julkes (27) and Lee D. Prescott (28); Compensation Specialist Deyri Aburto (29); Compensation Analyst Aileen W. Yeung (30); Payroll Specialists Ashley D. Batcheller (31), and Stephanie Myers (32); Senior Payroll Specialist Cynthia C. Fortugno (33); and Education Coordinator Sharon L. Kaitz (35), were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs. I agree. The Board has traditionally held that clerical employees whose work involves personnel and human-resources work for hospital employees are BOCs. See, e.g., *St. Luke's Episcopal Hospital*, supra at 676. The Employer argues that the employee-benefits employees are not BOCs essentially because they interact with unit employees. While it is undisputed that they do interact with unit employees, the Board generally excludes employees who perform personnel work from a nonprofessional unit because of the work that they perform.

4. Medical Records Clericals

The Employer argues that the clerical employees who work with medical records, Medical Records Technicians Leonard W. King (55), Donna E. Munoz (56), Norma Odell (57), Laura M. Salas (58), and Maricela Torres (59)³; and Specialists HIM Data Integrity Cleo M.

³The Employer did not initially file an exception to the Hearing Officer's decision to sustain the challenges to the ballots of the Medical Records Technicians because the Hearing Officer concluded his discussion of the challenges to their ballots by stating that they should be included in the unit. However, in the analysis portion of his report, the

Bretado (61), Heidy A. Martinez (62), and Adrienne B. Wilson (63), were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer concluded that they are BOCs. I agree. Functioning as a contact point between medical records and billing, the medical-records employees' job is to correct patient records, review insurance payments and recommend bill corrections. The Employer argues that the Technicians should be reclassified as hospital clericals because their work has nothing to do with billing and is much like the work performed by medical records employees the Hearing Officer included in the unit. While the Employer is correct that their work does not involve billing, they mostly work from home and have virtually no contact with unit employees. In these circumstances, the Board generally excludes medical records employees. *St. Luke's Episcopal Hospital*, supra at 677. The Employer also argues that the Specialists should be reclassified as hospital clericals because they interact with unit employees, including nursing staff. While the record contains evidence that they do interact with unit employees, the record does not establish how much, and the interaction must be frequent to justify their reclassification as hospital clericals.

5. Coders

The Employer argues that the following clerical employees who work with coding in patient billing were incorrectly classified as BOCs: Clinical Coding Specialists I Robin Beardsley (65), Michele Daniels (66), Reynaldo C. Delacruz (67), Anna Dizon (68), Kisha A. Vital (69), Lourdes M. Wright (70), and Esther C. Yee (71); Clinical Coding Specialists II Ghasan Abusad (72), Juanita S. Baldwin (73), Kathryn L. Bryan (74), Irene T. Diep (75), Catherine Y. Dunbar (76), Billy Encinas (77), Robin K. Francis-Jackson, (78), Arnold Jesus T. Hilvano (79), Samone N. Hogg (80), Cynthia M. Juarez (81), Phuongtrang Nguyen (82), Natalia D. Olazo (83), Lexie X. Phan (84), Elaine L. Soller (85), and Priscilla B. Torralba (86); Coding Assistants Victoria Lepe (87), Alice R. Lopez (88), Deepti Madahar (89), and Paula M. Sather (90); Coding Technicians, Non-Certified Titilayo A. Ishola (91), and Joan S. Scott (92); HIM Inpatient Coding Lead Saima Ali (93); Charge Revenue Representatives Matthew G. Freetage (146), Laura N. Huevo (147), Sarah L. Laporte (148), and Nadia Rivas (149); and System Coordinator, Laboratory Dustie J. Flores (150).

Consistent with the foregoing principles, the Hearing Officer concluded that they are BOCs. I agree. The Employer argues that the Hearing Officer erred because Coders, Charge Revenue Representatives, and System Coordinator, Laboratory, all review and evaluate medical records, and their work does not involve financial documents or billing. On the contrary, the work performed by Coders, Charge Revenue Representatives, and System Coordinator, Laboratory, directly impacts billing, a BOC function, and coders do not work alongside unit employees the majority of the time. While they occasionally work in the hospital for training and other duties, they mostly work from home. The Employer also argues that Charge Revenue Representatives were misclassified as BOCs because they work in the Emergency Room and interact with unit employees. However, as the Hearing Officer noted, their work primarily

Hearing Officer explained that Medical Records Technicians are BOCs. See pages 35 and 36 of his report. In view of this confusion, the Employer's exception to the Hearing Officer's decision on challenges to the ballots of the Medical Records Technician is being considered as timely even though it was not filed with the original Exceptions.

involves billing, a BOC function, they are currently not located in the Emergency Room, and it is unclear where they will be permanently located. The Employer further argues that the System Coordinator, Laboratory, is not a BOC job because she works in the laboratory surrounded by unit employees. Although the Systems Coordinator, Laboratory, does work in the laboratory, most of her work involves billing and personnel, typically BOC functions.

6. Security Assistant

The Employer argues that Security Assistant Nerica Munoz (122), was misclassified as a BOC. Consistent with the foregoing principles, the Hearing Officer held that she is a BOC because she coordinates administrative operations in the security department, which is not located in the main hospital, and her duties are unrelated to patient care. I agree. The Board generally views security personnel as not sharing a sufficient community of interest to be included in a unit of nonprofessionals. See *Rhode Island Hospital*, supra at 345. The Employer argues that many assistant-type positions are included in the nonprofessional unit. Indeed, there are many clerical positions in a BOC unit, including assistants, that are also found in a nonprofessional unit. What differentiates them is their function, supervision, work location and employee interaction. Here, the Employer failed to provide sufficient evidence that the Security Assistant's function, work location, and the like warrant inclusion in the nonprofessional unit.

7. Nursing Staff Coordinators

The Employer argues that Nursing Staff Coordinators Arlene Martinez (128), Sandra Moody (129), Inez L. Ortiz (130), Cheryl L. Puma (131), Melody A. Solomon (132), and Maria Vera-Estrada (133) were incorrectly classified as BOCs. Consistent with the foregoing principles, the Hearing Officer held that they are BOCs because they basically perform a human resources/personnel function recording employees' start and end times, and help with payroll and other duties unrelated to patient care. I agree with the Hearing Officer because the Board generally considers personnel work to be a BOC function. *St. Luke's Episcopal Hospital*, supra at 676.

8. Information Technology Clericals

The Employer argues that the following clerical employees who work with information technology (IT), including data entry, were incorrectly classified as BOCs: Executive Secretary, Information Systems Ellen T. Bauer (138); Nursing/Surgical Services Systems Analysts Araceli Arriaga (166) and Judy F. Carrillo (167); EPM-EMRIS Specialist Systems Analyst Melinda Hagen (168); System Analysts I, II and III Kathryn Treadwell (170), William Ho (171), Peter Yuen (172), Delores S. Elefano (173), Pamela J. Garcia (174), Catalina V. Guzman (175), Anthony Hipol (176), Jose E. Sahagun (177), Edward L. Torres (178), and Paulette White (179); Application Specialist, Materials Management Daniel R. Martinez (180); Software Engineers Alan Duran (183), Rita C. Lomax (184), Theodore J. Lundholm (185), and Chad J. Maldonado (186); Healthcare Intelligence Architect James P. Pulver (187); Clinical Support Liaisons Alexander J. Arellano (188), Jorelle D. Chua (189), Celena Fernandez (190), Melinda M. Hiatt (191), Jennifer A. Lloyd (192), Corinne S. Quesnel (193), and Maria D. Vetter (194);

System Engineers Adam Guerrero (195), Steven Mason (196), Rocky D. Teano (197), Rico A. Caymo (198), and Quoc K. Luu (199); Helpdesk Technicians Jose D. Baldivia (200), Monique Goodman (201), Samuel Hernandez (202), Eliaser L. Martinez (203), Alfredo Portuguez (204), Catherine A. Requena (205), Francisco J. Saldana (206), George C. Choy (207), Andrew Y. Chung (208), Presley M. Hite II (209), Garret Lopez (210), and Jobert Oropesa (211); Network Engineers III William P. Martin (213) and Scott A. Stewart (214); EPM Specialist Traci Cavitt (215) and Senior Security Administrator Jeffrey Barding (216).

Consistent with the foregoing principles the Hearing Officer classified them as BOCs. I agree. The Board generally views nontechnical IT work as BOC work. See, e.g., *Silver Cross Hospital*, 350 NLRB 114 (2007). Thus, data processors and computer operators have traditionally been considered BOC positions. *Rhode Island Hospital*, supra at 361-362; *Trumbull Memorial Hospital*, supra at 796. The Employer argues that many of these employees, including the Executive Secretary, Information Systems (138), the Systems Analyst, EPM-EMRS (168), the Application Specialist, Materials Management (180), should be included in the nonprofessional unit because they regularly interact with unit employees. While their interaction may be regular, the record does not establish that they spend a substantial portion of their workday interacting with unit employees, and many, including Systems Analyst, EPM-EMRS Specialist (168); Healthcare Intelligence Architect (187); and EPM Specialist (215), are not even located in the main hospital building. In this regard, while the record establishes that some of these employees interact with unit employees, many, including Clinical Support Liaison, Information Services (188-194); Systems Engineers (195-199); Desktop Engineers (207-211); EPM Specialist (215); and the Senior Security Administrator (216), interact with employees throughout the Hospital, not just unit employees, and none of them have any patient-care functions or any direct patient-care contact. *Rhode Island Hospital*, supra at 360-361.

9. Medi-Cal Clericals

The Employer argues that clerical employees handling Medi-Cal reimbursement, including the Coordinator, Financial Counselor Denise E. Sanchez (158); and Medi-Cal Liaisons Karen Auldridge (159), Harold O. Cifuentes (160), Aurelia Ferrel (161), Blanca E. Licea (162), and Nicole A. Mejia (163), were misclassified as BOCs. The Hearing Officer held that they were BOCs primarily because insurance reimbursement is a BOC function. The Employer argues that the Coordinator, Financial Counselor, should be reclassified because she had frequent interaction with nonprofessional employees. While the record contains evidence of unit-employee interaction, I agree with the Hearing Officer because this employee does not work in the main hospital, and insurance reimbursement is a typical BOC function. Similarly, although some of the Medi-Cal Liaisons work in the main hospital, their primary function is to deal with Medi-Cal, a traditional BOC function.

THE POMONA HOSPITAL CLERICALS

1. Patient-Care Department Clericals

The Employer argues that certain clericals who work in patient-care departments, including Administrative Assistant NICU Kimberly L. Erving (101); Coordinator, ICU Rosa Delgado (127); Intermediate Billing Representatives Veronica Garcia (141), and Lisa J. Horvath (142); Office Coordinator LDRP Desiree M. Lingenfelter-Chacon (151); Application Specialist Randy R. Walker (181); and Application Specialist, Perioperative Theresa G. Bangunan (182), were misclassified as BOCs. Noting that they might interact occasionally with a patient's family or unit employees, the Hearing Officer held that they were BOCs because of their financial and accounting duties, and because they did not have substantial interactions with LVNs, patient-care associates, or other unit employees. The Employer argues that they work in patient-care areas, including the NICU, ICU, and perioperative area, or the pharmacy, and they interact with physicians, patients, respiratory therapists and other patient-care and pharmacy personnel. When a clerical works in a department directly related to patient care, the Board considers the employee to be a hospital clerical. *St. Elizabeth's Hospital*, supra at 325. The Board also traditionally considers pharmacy department clericals to be hospital clericals. *Medical Arts of Houston*, 221 NLRB 1017, 1018 (1975). Because these employees perform clerical work in patient-care departments or the pharmacy, I overrule the Hearing Officer's recommendation to sustain the challenges to their ballots.

2. Hospital Greeters

The Employer argues that Hospitality Desk and Parking Ambassadors Maria I. Jimenez (152), Hortensia Machorro (153), Tatiana K. Navarro (154), Angelica Perez (155), Rosemary N. Rojo (156), and Virginia M. Wilkerson (157), were misclassified as BOCs. The Hearing Officer held that they were BOCs because their duties are unrelated to patient care and because their interaction with unit employees is limited. I disagree. Their job is to greet patients and hospital guests. While these employees are not directly involved in providing healthcare services to patients, a significant portion of their job involves greeting patients and their guests, a function not unrelated to patient care, and they certainly have patient contact. Unlike BOCs, they are not geographically isolated, and do not handle finances, billing, or similar duties. *Lincoln Park Nursing Home*, 318 NLRB 1160, 1165 (1995). Accordingly, I overrule the challenges to their ballots.

3. Coordinator Volunteers

The Employer argues that Coordinator of Volunteers Lindsey K. Medina (34), who performs clerical and administrative work related to the student volunteers, was misclassified as a BOC. The Hearing Officer held that she was a BOC because the Board generally excludes volunteer department clerks, the coordinator's duties are far from routine and unrelated to patient care, and the coordinator's interactions with unit employees are casual. I disagree. The Board sometimes includes volunteer department clericals in a BOC unit, but sometimes does not. E.g. *Seton Medical Center*, 221 NLRB 120, 122 (1975); *Buffalo General Hospital*, 218 NLRB 1090, 1092 (1975). In working with the volunteers who serve in various capacities throughout the Hospital, the coordinator interacts with LVNs and patients when placing volunteers and

acclimating them to their assigned work areas. In addition, the work of the volunteers, with which the coordinator is involved, is related to patient care, and is not related to any typical BOC function. Accordingly, I overrule the challenge to the ballot of Lindsay Medina.

4. *Specialists HIM Data Integrity*

The Employer argues that Specialists HIM Data Integrity Cleo M. Bretado (61), Heidy A. Martinez (62), Adrienne B. Wilson (63), whose job is to correct data on patients' health records, were misclassified as BOCs. I agree. The Hearing Officer classified them as BOCs because, among their other duties, they review insurance payments and recommend bill corrections on legal health records. However, medical records employees generally are considered hospital clericals, not BOCs. *Rhode Island Hospital*, 313 NLRB 343, 362-3 (1993). The Specialists HIM Data Integrity ensure the integrity of patient health records, and are not involved either with patient billing or insurance, traditional BOC functions. Accordingly, I overrule the challenges to the ballots of Cleo M. Bretado, Heidy A. Martinez, and Adrienne B. Wilson.

EXCEPTION TO RULING ON BALLOT OF NEAL PARISI

The only remaining exception is to the Hearing Officer's ruling on the challenge to the ballot of Radiology Maintenance Engineer Neal Parisi (2). Parisi's ballot was challenged because his name is not on the eligibility list. Radiology Maintenance Engineer is not one of the classifications included in the agreed-upon unit. For this reason alone the challenge to Parisi's ballot should be sustained. The Hearing Officer held that the challenge to Parisi's ballot should be sustained because the Radiology Maintenance Engineer does not share a sufficient community of interest either with the nonprofessionals or the technical employees in the unit. I also agree with the Hearing Officer's community-of-interest analysis. The Employer argues that Parisi should be included because: the rest of the radiology department employees are included in the nonprofessional unit; it doesn't matter that Parisi's job is not involved in patient care; technicians are generally included in a nonprofessional unit; and because Parisi's job is functionally similar to the job of a dialysis-equipment technician. Parisi has a workshop in the basement, unlike the rest of the radiology department, which is located on the first floor, where he works with a variety of tools. The record also does not establish that he possesses the specialized training or certification that technical employees in the unit have. In addition, while he does interact with some unit employees, he works mostly in his workshop repairing medical equipment. Accordingly, the challenge to Parisi's ballot will be sustained.

CONCLUSION

Based on the above and having carefully reviewed the entire record, the Hearing Officer's report and recommendations, and the exceptions and arguments made by the Employer, I sustain the challenges to the following 136 ballots:

Monica Luna, Neal Parisi, Claudia Parra, Douglas R. Rose, Charisse Marbury, Vinh M. Thai, Patricia S. Escobar, Rosa E. Velazquez Gutierrez, Pamala Loomis, Evelyn M. Lua, Cheryl A. McDonald, Christina B. Mullins, Jessica Padilla, Cristina Robles, Natalie Torres, Sonia Trejo, Fauzia T. Rahman, Alejandra Romero, Vickie L. Reinert, Carla S.

Julkes, Lee D. Prescott, Deyri Aburto, Aileen W. Yeung, Ashley D. Batcheller, Stephanie Myers, Cynthia C. Fortugno, Sharon L. Kaitz, Leonard W. King, Donna E. Munoz , Norma Odell, Laura M. Salas, Maricela Torres, Robin Beardsley, Michelle Daniels, Reynaldo C. De la Cruz, Anna Dizon, Kisha A. Vital, Lourdes M. Wright, Esther C. Yee, Ghasan Abusad, Juanita S. Baldwin, Kathryn L. Bryan, Irene T. Diep, Catherine Y. Dunbar, Billy Encinas, Robin K. Francis-Jackson, Jesus T. Arnold Hilvano, Samone N. Hogg, Cynthia M. Juarez, Phuotontuang Nguyen, Natalia D. Olazo, Lexie X. Phan , Elaiine L. Soller, Priscilla B. Torralba, Victoria Lepe, Alice R. Lopez, Deepti Madahar, Paula M. Sather, Titilayo A. Ishola, Joan S. Scott, Saima Ali, Candice Whitney, Corrina L. Herrera, Haidi Carrillo, Erika A. Orellana, Nerica Munoz, Arlene Martinez, Sandra Moody, Inez L. Ortiz, Cheryl L. Puma, Melody A. Solomon, Maria Vera-Estrada, Ellen T. Bauer, Matthew G. Freetage, Laura N. Huezo, Sandra L. Laporte, Nadia Rivas, Dustie J. Flores, Denise E. Sanchez, Karen Aldridge, Harold O. Cifuentes, Aurelia Ferrel, Blanca Licea, Nicole A. Mejia, Andrea E. Martinez, Susan McGrath, Araceli Arriaga, Judy F. Carrillo, Melinda Hagan, Gilbert R. Alamilla, Katheryn Treadwell, William Ho, Peter Yuen, Dolores S. Elefano, Pamela J. Garcia, Catalina V. Guzman, Anthony Hipol, Jose Sahagun, Edward L. Torres, Paulette White, Daniel R. Martinez, Alan Duran, Rita C. Lomax, Theodore J. Lundholm, Chad J. Maldonado, James P. Pulver, Alexander J. Arellano, Jorelle D. Chua, Celena Fernandez, Melinda M. Heitt, Jennifer A. Lloyd, Corinne S. Quesenel, Maria D. Vetter, Adam Guerrero, Steven Mason, Rocky D. Teano, Rico A. Caymo, Quoc K. Luu, Jose E. Baldivia, Monique Goodman, Samuel Hernandez, Eliaser L. Martinez, Alfredo Portuguese, Catherine A. Requena, Francisco J. Saldana, George C. Choy, Andrew Y. Chung, Presley M. Hite II, Garret Lopez, Jobert Oropesa, Augustus Prieto, William M. Martin, Scott A. Stewart, Traci Cavitt, Jeffrey Barding, and William L. Mittelstaedt.

However, I overrule the challenges to the following 82 ballots:

Jeremiah Trujillo, Kathleen M. Ruiz, Randy Cortinas, Daniel Tsuji, Damion Williams, Myong S. Jacobs, Michael H. Nicholson, Lindsey K. Medina, Francisco Acosta, Candice S. Castellanos, Mercedes Martin, Maribel Prado, Martha E. Rangel, Charles S. Valdepena, Lisa S. Richardson, Jenny L. Smith, Julie Barrera, Simone L. Dazalla, Viviana M. Flores, Pamela Lee-Porter, Donna S. Romero, Olivia Trebino, Kimberly Wallace, Suzanne L. Avina, Alma Goldberg, Laura E. Gonzalez, Lavetete I. Taylor, Donna L. Phillips, Cleo M. Bretado, Heidy A. Martinez, Adrienne B. Wilson, Rosaura Rodriguez, Jeanie M. Hopf, Angelica Quinones, Margaret Boyle, Katarina L. Brown, Adrian Belmontez, Elizabeth Delatorre, Kimberly L. Erving, Rita M. Gomez, Sandra Ibarra, Irma Moreno, Vera M. Navarro, Tina L. Sharp, Korina H. Vasquez, Hendrietta Wing, Linda L. Vaughn, Monica Medina, Stephanie Ramirez, Katrina Stock, Jacquelyn K. Martin, Irene C. Cortez, Lisa M. Vigoa, Brenda Taylor, Edith M. Basulto, Kahlen Limjoco, Valerie Romero, David K. Voltz, Peggy L. Mata, Valerie N. Verdugo, Rosa Delgado, James R. Morales, Irma A. Arellano, Alison M. Ficke, Patricia Moran, Betty Jean Munoz, Stephanie Curiel, Veronica Garcia , Lisa J. Horvath, Antonia Cisneros, Ivsel Nunez, Jodi Preovich, Desiree M. Lingenfelter-Chacon, Maria I. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, Virginia M. Wilkerson, Randy R. Walker, Theresa G. Bangunan, and Janice A. Barnes.


Because the challenges I have overruled are sufficient in number to affect the outcome of the election, I order that the 82 ballots cast by the employees named above be opened and counted and that a revised tally of ballots be issued.

REQUEST FOR REVIEW

Pursuant to Section 102.69(c)(2) of the Board's Rules and Regulations, any party may file with the Board in Washington, DC, a request for review of this decision. The request for review must conform to the requirements of Sections 102.67(e) and (i)(1) of the Board's Rules and must be received by the Board in Washington by March 31, 2017. If no request for review is filed, the decision is final and shall have the same effect as if issued by the Board.

A request for review may be E-Filed through the Agency's website but may not be filed by facsimile. To E-File the request for review, go to www.nlr.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the Request for Review should be addressed to the Executive Secretary, National Labor Relations Board, 1015 Half Street SE, Washington, DC 20570-0001. A party filing a request for review must serve a copy of the request on the other parties and file a copy with the Regional Director. A certificate of service must be filed with the Board together with the request for review.

Dated: March 17, 2017



William B. Cowen, Regional Director
National Labor Relations Board, Region 21
888 South Figueroa Street, Ninth Floor
Los Angeles, CA 90017

EXHIBIT B

EXHIBIT B

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 21**

**POMONA VALLEY HOSPITAL MEDICAL
CENTER**

Employer

And

Case 21-RC-166499

**SERVICE EMPLOYEES INTERNATIONAL
UNION, UNITED HEALTHCARE WORKERS -
WEST**

Petitioner

HEARING OFFICER'S REPORT ON CHALLENGES

On January 21 and 22, 2016, agents of Region 21 conducted an election among certain employees of the Employer. However, the parties disagreed about whether certain individuals are eligible voters and they voted utilizing the Board's challenged ballot procedure. The subsequent count of the ballots revealed that the challenged ballots are sufficient to affect the results of the election.

The determinative challenged ballots, the party challenging eligibility and the reasons for the challenge **are** as follows:

	EMPLOYEE NAME	PARTY – REASON FOR CHALLENGE	PARTY – POSITION ON CHALLENGE
1	LUNA, MONICA	BOARD – NOT ON LIST	EMPLOYER – INSURANCE ANALYST INELIGIBLE TO VOTE PETITIONER – ELIGIBLE TO VOTE
2	PARISI, NEAL	BOARD – NOT ON LIST	EMPLOYER – NONPROFESSIONAL RADIOLOGY MAINTENANCE ENGINEER ELIGIBLE TO VOTE PETITIONER –MECHANIC INELIGIBLE TO VOTE
3	TRUJILLO, JEREMIAH	PETITIONER – NO LONGER EMPLOYED INELIGIBLE TO VOTE	EMPLOYER – ON LEAVE OF ABSENCE AND ELIGIBLE TO VOTE

	EMPLOYEE NAME	JOB CLASSIFICATION	PETITIONER BASIS FOR INELIGIBILITY
4	PARRA, CLAUDIA	SPEECH THER ASSIST	EMPLOYED OFF SITE
5	ROSE, DOUGLAS R.	PROJECT COORDINATOR	BUSINESS OFFICE CLERICAL
6	MARBURY, CHARISSE	ASST, FINANCIAL PROJECT OFFICE	BUSINESS OFFICE CLERICAL
7	THAI, VINH N.	COORD, PROJ FINANCIAL, MASTER P	BUSINESS OFFICE CLERICAL

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8	RUIZ, KATHLEEN M.	COORD, MAIL/MESS	BUSINESS OFFICE CLERICAL
9	ESCOBAR, PATRICIA S.	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
10	GUTIERREZ VELZQUEZ, ROSA E.	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
11	LOOMIS, PAMALA	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
12	LUA, EVELYN M.	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
13	MCDONALD, CHERYL A.	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
14	MULLINS, CHRISTINA B.	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
15	PADILLA, JESSICA	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
16	ROBLES, CRISTINA	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
17	TORRES, NATALIE	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
18	TREJO, SONIA	PBX OPERATOR/RECEPT	BUSINESS OFFICE CLERICAL
19	CORTINAS, RANDY	BUYER	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
20	TSUJI, DANIEL	BUYER	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
21	WILLIAMS, DAMION R.	SPECIALIST, STOREROOM NICU	BUSINESS OFFICE CLERICAL
22	JACOBS, MYONG S.	COORD	BUSINESS OFFICE CLERICAL
23	NICHOLSON, MICHAEL H.	COORD	BUSINESS OFFICE CLERICAL
24	RAHMAN, FAUZIA T.	BENEFITS SPECIST	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
25	ROMERO, ALEJANDRA	BENEFITS SPECIST	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
26	REINERT, VICKI L.	WC CLAIMS SPECIST	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
27	JULKES, CARLA S.	EMPL SPECIST	BUSINESS OFFICE CLERICAL
28	PRESCOTT, LEE D.	EMPL SPECIST	BUSINESS OFFICE CLERICAL
29	ABURTO, DEYRI	COMP SPECIST	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
30	YEUNG, AILEEN W.	COMPENSATION ANALYST	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
31	BATCHELLER, ASHLEY D.	PAYROLL SPECIST	BUSINESS OFFICE CLERICAL
32	MYERS, STEPHANIE	PAYROLL SPECIST	BUSINESS OFFICE CLERICAL
33	FORTUGNO, CYNTHIA C.	SENIOR PAYROLL SPEC	BUSINESS OFFICE CLERICAL
34	MEDINA, LINDSEY K.	COORD, VOLUNTEERS	BUSINESS OFFICE CLERICAL
35	KAITZ, SHARON L.	COORD, ED	BUSINESS OFFICE CLERICAL
36	ACOSTA, FRANCISCO	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL

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37	CASTELLANOS, CANDICE S.	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL
38	MARTIN, MERCEDES	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL
39	PRADO, MARIBEL	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL
40	RANGEL, MARTHA E.	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL
41	VALDEPENA, CHARLES S.	DOC IMAGING QUALITY REP	BUSINESS OFFICE CLERICAL
42	RICHARDSON, LISA S.	DOC SCANNING & INDEXING REP	BUSINESS OFFICE CLERICAL
43	SMITH, JENNY L.	DOC SCANNING & INDEXING REP	BUSINESS OFFICE CLERICAL
44	BARRERA, JULIE	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
45	DAZALLA, SIMONE L.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
46	FLORES, VIVIANA M.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
47	LEE-PORTER, PAMELA M.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
48	ROMERO, DONNA S.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
49	TREBINO, OLIVIA L.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
50	WALLACE, KIMBERLY A.	DOC IMAGING PREP REP	BUSINESS OFFICE CLERICAL
51	AVINA, SUZANNE L.	MED REC BIRTH CLK	BUSINESS OFFICE CLERICAL
52	GOLDBERG, ALMA	MED REC BIRTH CLK	BUSINESS OFFICE CLERICAL
53	GONZALES, LAURA E.	MED REC BIRTH CLK	BUSINESS OFFICE CLERICAL
54	TAYLOR, LAVETTE I.	MED REC CLK, SR.	BUSINESS OFFICE CLERICAL
55	KING, LEONARD W.	MED REC TECH	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
56	MUNOZ, DONNA E.	MED REC TECH	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
57	ODELL, NORMA	MED REC TECH	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
58	SALAS, LAURA M.	MED REC TECH	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
59	TORRES, MARICELA	MED REC TECH	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
60	PHILLIPS, DONNA L.	LEAD, HIM DOCUMENT IMAGING	BUSINESS OFFICE CLERICAL
61	BRETADO, CLEO M.	SPECIALIST, HIM DATA INTEGRITY	BUSINESS OFFICE CLERICAL
62	MARTINEZ, HEIDY A.	SPECIALIST, HIM DATA INTEGRITY	BUSINESS OFFICE CLERICAL
63	WILSON, ADRIENNE B.	SPECIALIST, HIM DATA INTEGRITY	BUSINESS OFFICE CLERICAL
64	RODRIGUEZ, ROSAURA	COORD, HIM	BUSINESS OFFICE CLERICAL
65	BEARDSLEY, ROBIN	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL

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66	DANIELS, MICHELE	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
67	DELACRUZ, REYNALDO C.	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
68	DIZON, ANNA	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
69	VITAL, KISHA A.	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
70	WRIGHT, LOURDES M.	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
71	YEE, ESTHER C.	CLINICAL CODING SPECIALIST I	BUSINESS OFFICE CLERICAL
72	ABUSAD, GHASAN	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
73	BALDWIN, JUANITA S.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
74	BRYAN, KATHRYN L.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
75	DIEP, IRENE T.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
76	DUNBAR, CATHERINE Y.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
77	ENCINAS, BILLY	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
78	FRANCIS-JACKSON, ROBIN K.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
79	HILVANO, ARNOLD JESUS T.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
80	HOGG, SAMONE N.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
81	JUAREZ, CYNTHIA M.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
82	NGUYEN, PHUONGTRANG	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
83	OLAZO, NATALIA D.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
84	PHAN, LEXIE X.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
85	SOLLER, ELAINE L.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
86	TORRALBA, PRISCILLA B.	CLINICAL CODING SPECIALIST II	BUSINESS OFFICE CLERICAL
87	LEPE, VICTORIA	CODING ASSISTANT	BUSINESS OFFICE CLERICAL
88	LOPEZ, ALICE R.	CODING ASSISTANT	BUSINESS OFFICE CLERICAL
89	MADAHAR, DEEPTI	CODING ASSISTANT	BUSINESS OFFICE CLERICAL
90	SATHER, PAULA M.	CODING ASSISTANT	BUSINESS OFFICE CLERICAL
91	ISHOLA, TITILAYO A.	CODING TECH, NON-CERT	BUSINESS OFFICE CLERICAL
92	SCOTT, JOAN S.	CODING TECH, NON-CERT	BUSINESS OFFICE CLERICAL

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93	ALI, SAIMA	LEAD, HIM INPATIENT CODING	BUSINESS OFFICE CLERICAL
94	HOPF, JEANIE M.	ADMIN ASSISTANT, CASE MGMNT	BUSINESS OFFICE CLERICAL
95	QUINONES, ANGELICA	ASSISTANT, DAY SURG	BUSINESS OFFICE CLERICAL
96	BOYLE, MARGARET	ADMIN ASSISTANT, EVS	BUSINESS OFFICE CLERICAL
97	BROWN, KATRINA L.	ADMIN ASSISTANT, FE & RC	BUSINESS OFFICE CLERICAL
98	BELMONTEZ, ADRIAN	ADMIN ASSISTANT, HIM	BUSINESS OFFICE CLERICAL
99	WHITNEY, CANDICE	ADMIN ASSISTANT, MASTER PLANN	BUSINESS OFFICE CLERICAL
100	DELATORRE, ELIZABETH	ADMIN ASSISTANT, NEURO	BUSINESS OFFICE CLERICAL
101	ERVING, KIMBERLY L.	ADMIN ASSISTANT, NICU	BUSINESS OFFICE CLERICAL
102	GOMEZ, RITA M.	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
103	IBARRA, SANDRA	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
104	MORENO, IRMA	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
105	NAVARRO, VERA M.	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
106	SHARP, TINA L.	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
107	VASQUEZ, KORINA H.	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
108	WING, HENDRIETTA P.	ADMIN ASSISTANT, PHY THER	BUSINESS OFFICE CLERICAL
109	HERRERA, CORRINA L.	ADMIN ASSISTANT, RAD	BUSINESS OFFICE CLERICAL
110	VAUGHAN, LINDA L.	ASSISTANT	BUSINESS OFFICE CLERICAL
111	MEDINA, MONICA	ASSIST II	BUSINESS OFFICE CLERICAL
112	RAMIREZ, STEPHANIE	ASSIST II	BUSINESS OFFICE CLERICAL
113	STOCK, KATRINA	ASSIST II	BUSINESS OFFICE CLERICAL
114	MARTIN, JACQUELYN K.	ASSISTANT, EMERG DEPT	BUSINESS OFFICE CLERICAL
115	CORTEZ, IRENE C.	ASSISTANT, FNS	BUSINESS OFFICE CLERICAL
116	CARRILLO, HAIDI	ASSISTANT, FOUND	BUSINESS OFFICE CLERICAL
117	VIGOA, LISA M.	ASSISTANT, LDRP	BUSINESS OFFICE CLERICAL
118	ORELLANA, ERIKA A.	ASSISTANT, LITHO	BUSINESS OFFICE CLERICAL
119	TAYLOR, BRENDA	ASSISTANT, MEDSURG 3	BUSINESS OFFICE CLERICAL
120	BASULTO, EDITH M.	ASSISTANT, PATHOLOGY LAB	BUSINESS OFFICE CLERICAL
121	LIMJOCO, KAHLEN	ASSISTANT, PURCH	BUSINESS OFFICE CLERICAL

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122	MUNOZ, NERICA	ASSISTANT, SECURITY	BUSINESS OFFICE CLERICAL
123	ROMERO, VALERIE	ASSISTANT, VOLUNTEERS	BUSINESS OFFICE CLERICAL
124	VOLTZ, DAVID K.	ASSISTANT, VOLUNTEERS	BUSINESS OFFICE CLERICAL
125	MATA, PEGGY L.	COORD, CARD SERV	BUSINESS OFFICE CLERICAL
126	VERDUGO, VALERIE N.	COORD, CARD SERV	BUSINESS OFFICE CLERICAL
127	DELGADO, ROSA	COORD, ICU	BUSINESS OFFICE CLERICAL
128	MARTINEZ, ARLENE	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
129	MOODY, SANDRA	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
130	ORTIZ, INEZ I.	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
131	PUMA, CHERYL L.	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
132	SOLOMON, MELODY A.	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
133	VERA-ESTRADA, MARIA	COORD, NURSE STAFF	BUSINESS OFFICE CLERICAL
134	MORALES, JAMES R.	COORD, PHY THER	BUSINESS OFFICE CLERICAL
135	ARELLANO, IRMA A.	COORD, SURGERY	BUSINESS OFFICE CLERICAL
136	FICKE, ALISON M.	COORD, SURGERY	BUSINESS OFFICE CLERICAL
137	MORAN, PATRICIA	COORD, UM REPORTING	BUSINESS OFFICE CLERICAL
138	BAUER, ELLEN T.	EXEC SECR, INFO SYS	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
139	MUNOZ, BETTY JEAN	EXEC SECR, RESOURCE CTR	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
140	CURIEL, STEPHANIE	EXEC SECR, SUPPORT SERVICES	BUSINESS OFFICE CLERICAL OR CONFIDENTIAL
141	GARCIA, VERONICA	INTER BILLING REP.	BUSINESS OFFICE CLERICAL
142	HORVATH, LISA J.	INTER BILLING REP.	BUSINESS OFFICE CLERICAL
143	CISNEROS, ANTONIA	CUST REL LIAISON	BUSINESS OFFICE CLERICAL
144	NUNEZ, IVSEL	CUST REL LIAISON	BUSINESS OFFICE CLERICAL
145	PREVICH, JODI	CUST REL LIAISON	BUSINESS OFFICE CLERICAL
146	FREETAGE, MATTHEW G.	CHARGE REVENUE REP	BUSINESS OFFICE CLERICAL
147	HUEZO, LAURA N.	CHARGE REVENUE REP	BUSINESS OFFICE CLERICAL
148	LAPORTE, SARAH L.	CHARGE REVENUE REP	BUSINESS OFFICE CLERICAL
149	RIVAS, NADIA	CHARGE REVENUE REP	BUSINESS OFFICE CLERICAL
150	FLORES, DUSTIE J.	SYSTEM COORD, LAB	BUSINESS OFFICE CLERICAL
151	LINGENFELTER-CHACON, DESIREE M.	OFFICE COORD, LDRP	BUSINESS OFFICE CLERICAL
152	JIMENEZ, MARIA I.	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL

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153	MACHORRO, HORTENSIA	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL
154	NAVARRO, TATIANA K.	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL
155	PEREZ, ANGELICA	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL
156	ROJO, ROSEMARY N.	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL
157	WILKERSON, VIRGINIA M.	HOSP DESK & PRK AMB	BUSINESS OFFICE CLERICAL
158	SANCHEZ, DENISE E.	COORD, FINANCIAL COUNSELOR	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
159	AULDRIDGE, KAREN	MEDI-CAL LIAISON	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
160	CIFUENTES, HAROLD O.	MEDI-CAL LIAISON	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
161	FERREL, AURELIA	MEDI-CAL LIAISON	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
162	LICEA, BLANCA E.	MEDI-CAL LIAISON	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
163	MEJIA, NICOLE A.	MEDI-CAL LIAISON	BUSINESS OFFICE CLERICAL OR EMPLOYED OFF SITE
164	MARTINEZ, ANDREA E.	COORD, PRE SERVICES	BUSINESS OFFICE CLERICAL
165	MCGRATH, SUSAN	DATABASE & PROSPECT RSRCH SPEC	BUSINESS OFFICE CLERICAL
166	ARRIAGA, ARACELI	NURSING SERV SYS ANALYST	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
167	CARRILLO, JUDY F.	NURSING SERV SYS ANALYST	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
168	HAGEN, MELINDA	EPM-Emris Sys Specialist	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
169	ALAMILLA, GILBERT R.	SYSTEMS ANALYST I	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
170	TREADWELL, KATHERYN	SYSTEMS ANALYST I	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
171	HO, WILLIAM	SYSTEMS ANALYST II	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
172	YUEN, PETER	SYSTEMS ANALYST II	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
173	ELEFANO, DOLORES S.	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
174	GARCIA, PAMELA J.	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
175	GUZMAN, CATALINA V.	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
176	HIPOL, ANTHONY	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
177	SAHAGUN, JOSE E.	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
178	TORRES, EDWARD L.	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
179	WHITE, PAULETTE	SYSTEMS ANALYST III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE

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180	MARTINEZ, DANIEL R.	APP SPECIST, MATERIALS	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
181	WALKER, RANDY R.	APPLICATION SPECIALIST	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
182	BANGUNAN, THERESA G.	APP SPECIALIST, PERIOPERATIVE	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
183	DURAN, ALAN	SOFTWARE ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
184	LOMAX, RITA C.	SOFTWARE ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
185	LUNDHOLM, THEODORE J.	SOFTWARE ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
186	MALDONADO, CHAD J.	SOFTWARE ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
187	PULVER, JAMES P.	HEALTHCARE INTELL ARCHITECT	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
188	ARELLANO, ALEXANDER J.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
189	CHUA, JORELLE D.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
190	FERNANDEZ, CELENA	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
191	HIETT, MELINDA M.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
192	LLOYD, JENNIFER A.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
193	QUESNEL, CORINNE S.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
194	VETTER, MARIA D.	CLINICAL SUPPORT LIAISON	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
195	GUERRERO, ADAM	SYSTEM ENGINEER I	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
196	MASON, STEVEN	SYSTEM ENGINEER I	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
197	TEANO, ROCKY D.	SYSTEM ENGINEER I	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
198	CAYMO, RICO A.	SYSTEM ENGINEER II	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
199	LUU, QUOC K.	SYSTEMS ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
200	BALDIVIA, JOSE E.	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
201	GOODMAN, MONIQUE	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
202	HERNANDEZ, SAMUEL	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
203	MARTINEZ, ELIASER L.	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
204	PORTUGUEZ, ALFREDO	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
205	REQUENA, CATHERINE A.	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL
206	SALDANA, FRANCISCO J.	HELPDESK TECHNICIAN	BUSINESS OFFICE CLERICAL

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207	CHOY, GEORGE C.	DESKTOP ENGINEER	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
208	CHUNG, ANDREW Y.	DESKTOP ENGINEER	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
209	HITE II, PRESLEY M.	DESKTOP ENGINEER	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
210	LOPEZ, GARRET	DESKTOP ENGINEER	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
211	OROPESA, JOBERT	DESKTOP ENGINEER	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
212	PRIETO, AUGUSTUS	INFRASTRUCTURE TECH	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
213	MARTIN, WILLIAM P.	NETWORK ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
214	STEWART, SCOTT A.	NETWORK ENGINEER III	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
215	CAVITT, TRACI	EPM Specialist	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
216	BARDING, JEFFREY	SENIOR SECURITY ADMINISTRATOR	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
217	MITTELSTAEDT, WILLIAM L.	TELECOMMUNICATIONS TECH	BUSINESS OFFICE CLERICAL OR SKILLED MAINTENANCE
218	BARNES, JANICE A.	RESP CARE PRAC II	PETITIONER – NO POSITION PROVIDED EMPLOYER – ELIGIBLE TO VOTE

After conducting a hearing and carefully reviewing the evidence as well as the arguments made by the parties, I conclude that Jeremiah Trujillo, Kathleen M. Ruiz, Randy Cortinas, Daniel Tsuji, Damion Williams, Myong S. Jacobs, Michael H. Nicholson, Francisco Acosta, Candice S. Castellanos, Mercedes Martin, Maribel Prado, Martha E. Rangel, Charles S. Valdepena, Lisa S. Richardson, Jenny L. Smith, Julie Barrera, Simone L. Dazalla, Viviana M. Flores, Pamela Lee-Porter, Donna S. Romero, Olivia Trebino, Kimberly Wallace, Suzanne L. Avina, Alma Goldberg, Laura E. Gonzalez, Lavetete I. Taylor, Donna L. Phillips, Rosaura Rodriguez, Jeanie M. Hopf, Angelica Quinones, Margaret Boyle, Katarina L. Brown, Adrian Belmontez, Elizabeth Delatorre, Rita M. Gomez, Sandra Ibarra, Irma Moreno, Vera M. Navarro, Tina L. Sharp, Korina H. Vasquez, Hendrietta Wing, Linda L. Vaughn, Monica Medina, Stephanie Ramirez, Katrina Stock, Jacquelyn K. Martin, Irene C. Cortez, Lisa M. Vigoa, Brenda Taylor, Edith M. Basulto, Kahlen Limjoco, Valerie Romero, David K. Voltz, Peggy L. Mata, Valerie N. Verdugo, James R. Morales, Irma A. Arellano, Alison M. Ficke, Patricia Moran, Betty Jean Munoz, Stephanie Curiel, and Janice A. Barnes are eligible to vote in a unit consisting of nonprofessional and technical employees in an acute care hospital, and therefore recommend that the challenge to their eligibility be overruled and the ballots be opened and counted.

I further conclude that, Monica Luna is not eligible as she did not hold a position that was eligible to vote prior to the payroll period ending date.

Finally, I conclude that, Neal Parisi, Claudia Parra, Douglas R. Rose, Charisse Marbury, Vinh M. Thai, Patricia S. Escobar, Rosa E. Velazquez Gutierrez, Pamala Loomis, Evelyn M. Lua, Cheryl A. McDonald, Christina B. Mullins, Jessica Padilla, Cristina Robles, Natalie Torres, Sonia Trejo, Fauzia T. Rahman, Alejandra Romero, Vickie L. Reinert, Carla S. Julkes, Lee D. Prescott, Deyri Aburto, Aileen W. Yeung, Ashley D. Batcheller, Stephanie Myers, Cynthia C. Fortugno, Lindsey K. Medina, Sharon L. Kaitz, Leonard W. King, Donna E. Munoz, Norma Odell, Laura M. Salas, Maricela Torres, Cleo M. Bretado, Heidy A. Martinez, Adrienne B. Wilson, Robin Beardsley, Michelle Daniels, Reynaldo C. De la Cruz, Anna Dizon, Kisha A. Vital, Lourdes M. Wright, Esther C. Yee, Ghasan Abusad, Juanita S. Baldwin, Kathryn L. Bryan, Irene T. Diep, Catherine Y. Dunbar, Billy Encinas, Robin K. Francis-Jackson, Jesus T. Arnold Hilvano, Samone N. Hogg, Cynthia M. Juarez, Phuotontuang Nguyen, Natalia D. Olazo, Lexie X. Phan, Elaiine L. Soller, Priscilla B. Torralba, Victoria Lepe, Alice R. Lopez, Deepti Madahar, Paula M. Sather, Titilayo A. Ishola, Joan S. Scott, Saima Ali, Candice Whitney, Kimberly L. Erving, Corrina L. Herrera, Haidi Carrillo, Erika A. Orellana, Nerica Munoz, Rosa Delgado, Arlene Martinez, Sandra Moody, Inez L. Ortiz, Cheryl L. Puma, Melody A. Solomon, Maria Vera-Estrada, Ellen T. Bauer, Veronica Garcia, Lisa Horvath, Antonia Cisneros, Ivsel Nunez, Jodi Preovich, Matthew G. Freetage, Laura N. Huezo, Sandra L. Laporte, Nadia Rivas, Dustie J. Flores, Desiree M. Lingenfelter-Chacon, Maria L. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, Virginia M. Wilkerson, Denise E. Sanchez, Karen Aldridge, Harold O. Cifuentes, Aurelia Ferrel, Blanca Licea, Nicole A. Mejia, Andrea E. Martinez, Susan McGrath, Araceli Arriaga, Judy F. Carrillo, Melinda Hagan, Gilbert R. Alamilla, Katheryn Treadwell, William Ho, Peter Yuen, Dolores S. Elefano, Pamela J. Garcia, Catalina V. Guzman, Anthony Hipol, Jose Sahagun, Edward L. Torres, Paulette White, Daniel R. Martinez, Randy R. Walker, Theresa G. Bangunan, Alan Duran, Rita C. Lomax, Theodore J. Lundholm, Chad J. Maldonado, James P. Pulver, Alexander J. Arellano, Jorelle D. Chua, Celena Fernandez, Melinda M. Heitt, Jennifer A. Lloyd, Corinne S. Quesenel, Maria D. Vetter, Adam Guerrero, Steven Mason, Rocky D. Teano, Rico A. Caymo, Quoc K. Luu, Jose E. Baldivia, Monique Goodman, Samuel Hernandez, Eliaser L. Martinez, Alfredo Portuguese, Catherine A. Requena, Francisco J. Saldana, George C. Choy, Andrew Y. Chung, Presley M. Hite II, Garret Lopez, Jobert Oropesa, Augustus Prieto, William M. Martin, Scott A. Stewart, Traci Cavitt, Jeffrey Barding, and William L. Mittelstaedt are not eligible as they are not nonprofessional or technical employees, and therefore recommend that the challenge to eligibility be sustained and the ballot(s) not be opened and counted.

After recounting the procedural history below, I discuss each challenged ballot.

PROCEDURAL HISTORY

The Petitioner filed the petition on December 22, 2015 and pursuant to a Decision and Direction of Election an election was conducted on January 21 and 22, 2016. The employees in the following unit voted on whether they wished to be represented by the Petitioner:

INCLUDED: All full-time and regular part-time employees employed by the Employer at its Pomona, California facility in the following classifications: Admitting Coordinator; Admitting Reg Rep.; Anesthesia Tech; Cardiac Cath CVT

Tech; Cardiac Cath CVT Tech, Lead; Cardiac Cath Rad Tech; Cardio Tech II; Case Management Support Staff; Case Mgmt Coord Lead; Cent Dispatch Worker; Clerical Associate; Clinical Associate; Cook; CT Tech Team Lead; CT Technologist; Customer Care Rep, F&S; Data Analyst; Data Entry/Lab Aide; Database Clerk; Delivery Truck Driver; Dep't Secr, Phy Ther; Dep't Secr, Rad-Admin; Dep't Secr, Resp Serv; Dep't Secr, Surgery; Dep't Secr, Sweet Suc; Diagnostic Team Leader; Dialysis Equip Tech; Dietetic Tech, Registered and Unregistered; Echo Tech; Echo Tech Trainee; EDT; Educator (Non RN); EVS Assoc I; EVS Assoc II; EVS Assoc II, NICU; EVS Assoc III; EVS Assoc, Lead; Fam Birth Assist; Food Serv Associate; Gen Serv Worker; GI Tech/Clin Assoc; Histotech; Histotech, Lead; Imaging Librarian, Rad; Imaging Support Rep, Radiology; Lab Asst/Phleb; LVN I and II; LVN I, OCC Health; Mammography Technologist; MRI Technologist; MRI Technologist, Team Lead; MRI & CT Aide; Med Lab Asst; Med Secr; Neurology Tech, Sr.; Nuclear Med Technologist; Nuclear Medicine Team Lead; Nursing Assistant; Occ Ther Assist; Ortho Tech; Ortho Tech, Surgery; PACS Administrator; Patient Care Associate; Patient Care Support Tech; Pharmacy Tech; Phlebotomy Coordinator; Phy Ther Aide I; Phy Ther Aide II; Phy Ther Aide III; Phy Ther Assist; Phy Ther Assist, Sr.; Radiology Technologist; Radiology Transport Aide; Receptionist; Resp Care Prac II, III and IV; Resp Care Prac III, NICU; Resp Care Prac IV, NICU; Spec Proc Technologist; Sterile Proc Tech; Sterile Proc Tech II; Stock Clerk, Distribution; Stock Clerk, Linen; Surg Tech; Surg Tech II; Tech Coord; Temis Clerk; Ultrasound Aide; Ultrasound Technologist; and Ultrasound Tech, Team Lead.

EXCLUDED: Bio Med Tech, registered nurses, physicians, professional employees, skilled maintenance employees, business office clericals, confidential employees, guards and supervisors as defined in the Act.

In addition, no decision was made regarding whether the classifications listed below were included in, or excluded from, the bargaining unit. Individuals in these classifications were permitted to vote in the election but their ballots were challenged since their eligibility had not been resolved. The Regional Director noted that the eligibility or inclusion of these individuals would be resolved, if necessary, following the election. There were approximately 1065 individuals in the voting unit agreed upon by the parties. The Employer sought to include an additional 223 individuals, an increase of approximately 21 percent.

OTHERS PERMITTED TO VOTE: Administrative Assistant, Case Management; Administrative Assistant, EVS; Administrative Assistant, FE & RC; Administrative Assistant, HIM; Administrative Assistant, Master Plann; Administrative Assistant, Neuro; Administrative Assistant, NICU; Administrative Assistant, Phy Ther; Administrative Assistant, Rad; Administrative Assistant, Resp Serv; App Specialist, Perioperative; App Specialist, Materials; Application Specialist; Assist II; Assistant; Assistant, Day Surg; Assistant, Emerg Dept; Assistant, FNS; Assistant, Found; Assistant, LDRP; Assistant, Litho; Assistant,

Medsurg 3; Assistant, Pathology Lab; Assistant, Purch; Assistant, Security; Assistant, Volunteers; Asst, Financial Project Office; Benefits Specist; Buyer; Charge Revenue Rep; Clinical Coding Specialist I; Clinical Coding Specialist II; Clinical Support Liaison; Coding Assistant; Coding Tech, Non-Cert; Comp Specist; Compensation Analyst; Coord; Coord, Card Serv; Coord, Ed; Coord, Financial Counselor; Coord, HIM; Coord, ICU; Coord, Mail/Mess; Coord, Nurse Staff; Coord, Phy Ther; Coord, Pre Services; Coord, Surgery; Coord, UM Reporting; Coord, Volunteers; Coord, Proj Financial, Master P; Cust Rel Liaison; Database & Prospect Rsrch Spec; Desktop Engineer; Doc Imaging Prep Rep; Doc Imaging Quality Rep; Doc Scanning & Indexing Rep; Empl Specist; EPM Specialist; EPM-Emris Sys Analyst; Exec Secr, Info Sys; Exec Secr, Resource Ctr; Exec Secr, Support Services; Healthcare Intell Architect; Helpdesk Technician; Hosp Desk & Prk Amb; Infrastructure Tech; Inter Billing Rep.; Lead, HIM Document Imaging; Lead, HIM Inpatient Coding; Litho Radiologic Tech; Med Rec Birth Clerk; Med Rec Clk, Sr.; Med Rec Tech; Medi-Cal Liaison; Network Engineer III; Nursing Serv Sys Analysis; Office Coord, LDRP; Payroll Specialist; PBX Operator/Recept; Project Coordinator; Senior Payroll Spec; Senior Security Administrator; Software Engineer III; Specialist, HIM Data Integrity; Specialist, Storeroom NICU; Speech Therapy Assist; System Coord, Lab; System Engineer I; System Engineer II; Systems Engineer III; Systems Analyst I; Systems Analyst II; Systems Analyst III; Telecommunications Tech; and WC Claims Specialist.

The ballots were counted and a tally of ballots was provided to the parties. The tally of ballots shows that 531 ballots were cast for the Petitioner, and that 458 ballots were cast against representation. According to the tally, there are also 218 challenged ballots, a sufficient number to affect the outcome of the election. No objections to the election were filed.

The Regional Director for Region 21 ordered that a hearing be conducted to give the parties an opportunity to present evidence regarding the challenged ballots. As the hearing officer designated to conduct the hearing and to recommend to the Board whether to overrule or sustain the challenged ballots, I heard testimony and received into evidence relevant documents on February 12, 16, 17 and 18, 2016. The parties were permitted to file briefs, the Employer and the Petitioner filed timely briefs that were fully considered.

THE EMPLOYER'S OPERATION

Pomona Valley Medical Center, (the Employer), operates an acute care hospital located at 1798 Garey Avenue, Pomona, California. The Employer's Garey Avenue facility is the location of the Employer's main hospital campus where patient care takes place. The main facility is a series of four connected buildings, the first is the four-story tower, the second is the six-story tower, the third is the three-story tower, and finally a second three-story tower, which houses the Women's Center. The Employer's Information Technology (IT) department is housed in a separate building on the main campus but across the parking lot from the main facility referred to

as the Chaney Seinfeld Building. The Employer's business office, pre-services, and finance office are located at 300 Park Avenue in Pomona. The 300 Park Avenue facility is commonly referred to as 3 SPA. I

The order directing hearing in this matter instructs me to resolve the credibility of witnesses testifying at the hearing and to make findings of fact. Unless otherwise specified, my summary of the record evidence is a composite of the testimony of all witnesses, including in particular testimony by witnesses that is consistent with one another, with documentary evidence, or with undisputed evidence, as well as testimony that is uncontested. Omitted testimony or evidence is either irrelevant or cumulative. Credibility resolutions are based on my observations of the testimony and demeanor of witnesses and are more fully discussed within the context of my discussion of the challenged ballots related to the witnesses' testimony.

THE HEALTHCARE RULE

The Board's Healthcare Rule (Appropriate Bargaining Units in the Healthcare Industry), provides that, except in "extraordinary circumstances" or where nonconforming units already exist, the only units appropriate in an acute-care hospital are the following, and combinations thereof: (1) all registered nurses; (2) all physicians; (3) all professionals except for registered nurses and physicians; (4) all technical employees; (5) all skilled maintenance employees; (6) all business office clerical employees; (7) all guards; and (8) all nonprofessional employees except for technical employees, skilled maintenance employees, business office clerical employees, and guards. 29 C.F.R. § 103.30(a)-(c), 54 Fed. Reg. at 16336-48 (1989), 284 NLRB at 1579-97 (1987); see also *Am. Hosp. Ass'n v. NLRB*, 499 U.S. 606 (1991) (upholding the Board's Healthcare Rule).

The Board specified that the "extraordinary circumstances" exception must be narrowly construed, so that it may not serve as an excuse for unnecessary litigation or delay. *Virtua Health, Inc.*, 344 NLRB 604, 609 (2005) (citing 52 Fed. Reg. at 25145, 284 NLRB at 1521; 53 Fed. Reg. at 33904, 33932, 284 NLRB at 1533, 1573; 54 Fed. Reg. at 16344-16345, 284 NLRB at 1593). Only in "truly extraordinary" circumstances should adjudication be necessary to determine the appropriate unit.¹ 54 Fed. Reg. at 16345, 284 NLRB at 1593; see also *Virtua Health*, 344 NLRB at 609. Accordingly,

the party urging extraordinary circumstances bears a heavy burden to demonstrate that its arguments are substantially different from those that the Board considered in the rulemaking proceedings—for example, that there are such unusual and unforeseen deviations

¹ In its Second Notice of Proposed Rulemaking, the Board specifically excluded the following circumstances from justifying an exception to the Rule: diversity of the industry; increased functional integration of work contacts among employees; impact of nationwide hospital chains; recent changes within traditional employee groupings and professions; effects of various governmental and private cost-containment measures; and single institutions occupying more than one contiguous building. 53 Fed. Reg. at 33932, 284 NLRB at 1574.

from the range of circumstances already considered that it would be unjust or an abuse of discretion for the Board to apply the Rule.

Virtua Health, 344 NLRB at 609 (citing *Boston Med. Ctr. Corp.*, 330 NLRB 152, 167 fn. 35 (1999); *Dominican Santa Cruz Hosp.*, 307 NLRB 506, 507 (1992); *St. Margaret Mem'l Hosp.*, 303 NLRB 923 (1991), *enfd.* 991 F.2d 1146 (3d Cir. 1993); 53 Fed. Reg. at 33933, 284 NLRB at 1574; 54 Fed. Reg. at 16345, 284 NLRB at 1593) (footnote omitted).

TECHNICAL EMPLOYEES

The unit sought to be represented in this case consists of nonprofessional and technical employees working in various locations operated by the Employer. In its Second Notice of Proposed Rulemaking, the Board explained that technical jobs in the healthcare field involve the use of independent judgment and specialized training, and can be found in major occupational groups such as medical laboratory, respiratory therapy, radiography, emergency medicine and medical records. 53 Fed. Reg. at 33918, 284 NLRB at 1553; see also *Specialty Hosp. of Washington-Hadley, LLC*, 357 NLRB No. 77 (Aug. 26, 2011); *New Orleans Public Servs.*, 215 NLRB 834, 836 (1974). Healthcare technical jobs require significant education or training beyond high school, which can be obtained by completing an associate's degree from a community college, a vocational training program run by a hospital, a course of studies at an accredited technology school, and in some fields, by completing a 4-year college degree. 53 Fed. Reg. at 33918, 284 NLRB at 1554. Although the laws on licensing, training, registration, and qualifications vary across the country, most technical employees are certified (usually by a national examination), licensed, or registered with state authorities. *Id.*; see also *Rhode Island Hosp.*, 313 NLRB 343, 353 (1993); *Barnert Mem'l Hosp. Ctr.*, 217 NLRB 775, 776 (1975). Technical employees generally earn more than other nonprofessionals in the healthcare industry. 53 Fed. Reg. at 33918-19, 284 NLRB at 1554.

As defined by the Board, "Technical employees are distinguished by the support role they play within the hospital, and by the fact that they work in patient care." 53 Fed. Reg. at 33918, 284 NLRB at 1554. With the exception of licensed practical nurses (LPNs), technical employees do not work in patient-care areas. 53 Fed. Reg. at 33919, 284 NLRB at 1554-55. Instead, they typically work in laboratories or in technical departments, performing tasks such as processing and reviewing patient specimens, performing routine clinical tests, administering blood gasses, providing general respiratory care, taking x-rays, performing ultrasound procedures, computerized tomography (CT) scans, electrocardiograms (EKG), and electroencephalographs (EEG), all of which are considered ancillary services and diagnostic in nature. *Id.* They typically work regular daytime hours, with skeleton crews in the evenings, at night and on weekends. 53 Fed. Reg. at 33919, 284 NLRB at 1554. Due to differences in their respective skill sets, functions, and educational backgrounds, there is no temporary interchange and little permanent interchange between technical employees and other non-professionals. 53 Fed. Reg. at 33919, 284 NLRB at 1555.

NONPROFESSIONAL EMPLOYEES

The Board has consistently found that a unit of nonprofessional employees will generally include all service and maintenance employees. See 284 NLRB 1565-1566. This unit is analogous to plant wide production and maintenance unit in the industrial sector and, as such, is the classical appropriate unit. 284 NLRB 1523, Fn. 60, *Newington Children's Hospital*, 217 NLRB 793 (1975) – Employees in this category generally perform manual and routine job functions, and are not highly skilled or trained.

THE CHALLENGED BALLOTS

Prior to the start of the hearing, the parties resolved certain challenged ballots. Specifically, they stipulated that Claudia Parra, Corrina L. Herrera, Erika A. Orellana, and Andrea E. Martinez are not eligible to vote in the election held on January 21 and 22, 2016. Consistent with the parties' stipulation I recommend that the challenges to Claudia Parra, Corrina L. Herrera, Erika A. Orellana, and Andrea E. Martinez be sustained, and that their ballots not be opened.

After the close of the hearing, in its post-hearing brief, the Petitioner withdrew its challenge of Jeremiah Trujillo and agreed that Trujillo's ballot should be counted. Consistent with the Petitioner's withdrawal, I recommend that the challenge to Jeremiah Trujillo be overruled and that his ballot be opened and counted.

1. Monica Luna (1)

The Board challenged Luna's vote on the basis that she was not on the voter list. The Employer maintains that as an Insurance Analyst, Luna is ineligible. Petitioner maintains that Luna is an eligible voter.

Luna testified that on January 10, 2016 she converted from an Insurance Analyst (a classification ineligible to vote) to Admitting Registration Representative (a classification eligible to vote). According to Luna while she was classified as an Insurance Analyst she also did work at the Hospital in Admitting. Luna testified that she worked about 24 hours in November and 16 hours in December 2015 in ER Admitting. However, Luna's classification did not change officially until January 10, 2016. In this regard, Manager of Social Relations and Employment Janet Garcia testified to a "change notice" which shows that Luna's status from Insurance Analyst to ER Admitting was effective on January 10, 2016. As noted above, the payroll period ending date in the Decision and Direction of Election was January 9, 2016.

Based on the foregoing, I find that Monica Luna is ineligible to vote as she did not hold a position within the eligible voting unit on the eligibility cutoff date. The Decision and Direction of Election provides that employees are eligible to vote if they were employed in the classification during the payroll period ending January 9, 2016. Luna's testimony and the documentary evidence showed that Luna was an Insurance Analyst during the payroll period ending date. Insurance Analysts are not included in the voting unit, thus Luna should not be eligible. See *Sweetner Supply Corp. & International Brotherhood of Teamsters, Local 705*,

Petitioner, 349 NLRB 1122, 1124 (2007) (to be eligible to vote, employee must be employed in the unit performing bargaining unit work during the payroll period, including payroll cutoff date, unless absent for certain reasons). While Luna did perform work in ER admitting when classified as an Insurance Analyst, her transfer was not official until after the payroll period ending date.

Accordingly, I conclude that Monica Luna's ballot not be counted.

2. *Neal Parisi (2)*

The Board challenged Parisi's vote on the basis that he was not on the voter list. The Employer maintains that Parisi is a nonprofessional radiology engineer eligible to vote. The Petitioner maintains that Parisi is a mechanic ineligible to vote.

Administrative Director of Radiology Robert Jacoby testified to an organizational chart showing the different employee classifications within the Radiology Department. Approximately 14 of the employee classifications in the radiology were eligible to vote. The approximate 14 classifications provide radiology services to patients which are available 24/7. The employees on the organizational chart that work at offsite facilities were not eligible to vote. Per the organizational chart, the employees, including Parisi, are under the Clinical Manager. Jacoby has oversight of all the employees and the Clinical Manager as the Administrative Director.

Per the description, as the Radiology Maintenance Engineer, Parisi maintains and repairs diagnostic medical imaging equipment. According to Jacoby, Parisi is responsible for repairs of radiology equipment. Parisi would interact with the other employees in the department if the equipment is broken.

Here, the evidence established that the Radiology Maintenance Engineer classification should not be included in a unit of nonprofessionals and technical employees. The Engineer's duties are unrelated to patient care and focused on repairing complex medical equipment. Here, the duties of the Radiology Maintenance Engineer appear to be more aligned to that of a skilled maintenance employee. In addition, there is no evidence to support that the Radiology Maintenance Engineer has any interaction with patients or is involved in patient care. Similarly, the tasks of the Radiology Maintenance Engineer are unrelated to the tasks of technical employees in an acute care hospital. While the Radiology Maintenance Engineer does have interaction with other employees in the voting unit, the tasks of those classifications are in stark contrast to the Radiology Maintenance Engineer. Parisi is the only Radiology Maintenance Engineer in the department. The record revealed sufficient evidence to establish that the Radiology Maintenance Engineer should not be included in a unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballot of Radiology Maintenance Engineer Neal Parisi should not be counted.

3. *Jeremiah Trujillo (3)*

As detailed above, Trujillo's ballot should be opened and counted.

4. *Claudia Parra (4)*

As detailed above, Parra is not eligible to vote and her ballot should not be counted.

5. *Project Coordinator: Douglas R. Rose (5)*

The Employer contends that the classification of Project Coordinator (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a business office clerical (BOC).

Per the job description, it is the Coordinator's duty to assist the project manager in managing refurbishment and capital construction projects. The Coordinator assists in programming, planning and development of projects, filling, and organizing day-to-day operations. The Coordinator works with the Hospital vendors to obtain quotes and bids for projects and schedules meetings as well as maintains minutes and agendas for construction and refurbishment projects. The Coordinator also participates in final punch list preparation for project completion and may be required to complete punch list repairs to ensure completion of said project in a timely manner. The Coordinator will also be required to conduct and coordinate testing such as electrical receptacle and air balance testing and enforcing interim life safety requirements. The Coordinator will also need to be proficient in reading architectural blueprints and construction documents. The Coordinator will also be required to assist and escort contractors and architects when requested for project constructability review and verification review and verification of existing conditions. Vestino testified that as part of his job, Coordinator Rose has to have the ability to understand and read blueprints.

Vice President of Support Services Michael Vestino stated that Rose's office is located across the street from the Hospital on Orange Grove in the Project Office. Rose has his own office. Vestino testified that while Rose spends an average of about 75 percent of his job at the Hospital working on projects. Vestino further stated that Rose interacts with housekeepers, maintenance personnel, stores and distribution associates, and general service workers when he calls upon those them to perform tasks such as cleaning or repairing. Vestino stated that none of the classifications in the voting unit worked at the Project Office with Rose.

Rose reports to Manager of the Project Office Rick Kuyper. Rose works the day shift from Monday through Friday and rarely works weekends.

In prior cases, the Board has distinguished between business office clericals and other clericals, consistently including the latter in nonprofessional units in hospitals where they have contact with the service and maintenance unit. *Rhode Island Hospital*, 313 NLRB 343, 359 (1993); *St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976); and *Duke University*, 226 NLRB 470, 470-471 (1976). In the Board's rulemaking proceedings, the Board also recognized

the distinction between business office clericals and other types of clericals. The Board noted that business office clericals perform distinct functions: handling finances and billing, and dealing with Medicare, Medicaid, and other reimbursement systems. Business office clericals are generally supervised separately in business office clerical departments; this separation has resulted from the almost universal centralization of business office functions. Business office clericals have little interaction with other nonprofessionals as the business office clerical offices are often physically isolated. *Rhode Island Hospital*, supra at 359. Thus, clerical employees who are located geographically throughout the Hospital, within the various departments composed of other service and maintenance employees are included in overall nonprofessional units. *St. Francis Hospital*, 219 NLRB 963, 964 (1975).

Here, the evidence established that the Project Coordinator classification should not be included with nonprofessionals and technical employees. The Project Coordinator duties are unrelated to patient care. Rather, the Coordinator's duties are related to the improvement of the Hospitals structure and management of renovation projects. The Coordinator is mainly responsible for estimate of production costs, conducting and analyzing cost audits, and preparing reports. The Coordinator has little interaction with other employees included in the bargaining unit. The Coordinator is stationed in the Project Office across the street from the Hospital where no eligible voters work. The record evidence revealed sufficient evidence to establish that the Coordinator should not be included in a unit of nonprofessional and technical employees as the duties are more akin to that of a business office clerical.

Accordingly, I conclude that the ballot of Project Coordinator Douglas R. Rose not be counted.

6. *Assistant Financial Project Office: Charisse Marbury (6)*

The Employer contends that the classification of Assistant Financial Project Office (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

The Assistant is responsible for assisting in the monitoring and analyzing of project costs forecasts, estimates, expenditures, and cash flows. The Assistant collects, records, analyzes, and presents data for planning costs containment and comparison. The Assistant is responsible for the preparation of monthly, the quarterly operational costs forecasts, current and future expenditures using statistical and cost modeling techniques. The Assistant also provides support services and management of preparation, interpretation, and monitoring of departmental budgets. The Assistant also assists in the implementation of new tracking and reporting systems, including networks, both software and hardware. The Assistant conducts and analyzes audits of costs and prepares reports for management. Vice President Vestino testified that Marbury ensures that data is correctly input to the system.

Vice-President Vestino stated that Marbury's office is located across the street from the Hospital in the Project Office. Marbury shares an office. Vestino testified that while Marbury's spends about 20 percent of her job at the Hospital. Vestino further stated that Marbury interacts

with general service workers when she calls upon those employees to perform a task such as cleaning or repairing. In addition, Marbury would work with the general service workers to ensure the requisition of supplies or materials. Marbury is responsible for writing the requisitions.

Marbury works the day shift from Monday through Friday. Marbury is not required to wear a uniform.

Here, the evidence established that the Assistant classification should not be included in a unit of nonprofessionals and technical employees. The major function of the Assistant is assisting in the monitoring and analyzing of costs of the Hospital's construction projects. While the duties are important to the Employer's operation, the duties are altogether different from supporting the Hospital's actual patient care operations. The Assistant has limited interaction with the nonprofessional and technical employees, as the Assistant is stationed across the street from the Hospital where no eligible voters work. In addition, Vestino's testimony regarding Marbury's duties was generalized and not specific, thus insufficient to establish that the Coordinator should be included. As a result, I find that there is sufficient evidence to establish that the Assistant position should not be included in the unit of nonprofessional and technical employee as the duties are more akin to that of a BOC.

Accordingly, I conclude that the ballot of Assistant Charisse Marbury not be counted.

7. Coordinator, Project Financial, Master: Vinh N. Thai (7)

The Employer contends that the classification of Coordinator, Project Financial, Master (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Coordinator is responsible for monitoring and analyzing project cost estimates, expenditures, and forecasts. The Coordinator gathers details and compiles data to estimate all production costs according to the specifications. The Coordinator conducts and analyzes audits of costs and prepares reports. The Coordinator determines and installs cost accounting methods and procedures. The Coordinator analyzes actual costs versus standard costs and prepares reports of variances. The Coordinator compiles cost data and prepares operating budgets and prepares estimates of new or proposed projects.

According to Vice President Vestino, Thai has over 3 years' experience in monitoring and analyzing project cost estimates, expenditures, and forecasts, which is a requirement for his position. Thai is essentially responsible for tracking the cost of a job.

Vestino stated that Thai's office is located across the street from the Hospital in the Project office. Vestino testified that while Thai's office is located across the street he spends about 15 percent of his job at the Hospital in project meetings. Vestino further stated that Thai does not have interactions with other employees supervised by Vestino. Thai reports directly to Project Office Manager Kuyper, who reports to Vestino.

The evidence established that the Coordinator is not a nonprofessional or technical employee. The Coordinator is responsible for tracking and analyzing costs of renovation projects, conducting and analyzing cost audits, and preparing reports. While the duties are important to the Employer's operation, the duties are altogether different from supporting the Hospital's actual patient care operations. Rather, the Coordinator duties are predominantly financial and related to the improvement of the Hospitals structure. There is no evidence to support Thai has any interaction eligible voters. Vestino's testimony that the Coordinator spends 15 percent of his time at the hospital was generalized and not specific. As a result, I find that there is sufficient evidence to establish that the Coordinator position should not be included in the unit of nonprofessional and technical employee as the duties are more akin to that of a BOC.

Accordingly, I conclude that the Coordinator, Project Finance, Master Planning, Vinh N. Thai is ineligible to vote and that the ballot not be counted.

8. *Coordinator, Mail/Messenger: Kathleen M. Ruiz (8)*

The Employer contends that the classification of Coordinator, Mail/Messenger (Messenger) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Messenger coordinates the activities of mail room and the house-wide copier service. The Messenger keeps records and logs of mailroom and copier expense and productivity. The Messenger also performs messenger service as needed.

Vice President Vestino stated that Ruiz works in the mailroom located in the basement of the Hospital. Ruiz is the only employee in the mailroom. The stores and distribution associates cover for Ruiz when she is on break or lunch. According to Vestino, Ruiz would interact with other employees when those employees are picking up mail or Ruiz is delivering the mail. All the mail is retrieved from the mail room by the individual departments. Ruiz does not have any patient interaction.

The Board has held that mail clerks and messengers are not BOC, *St. Luke's Episcopal Hospital*, 222 NLRB 674, 677-78 (1976); *Jewish Hospital of Cincinnati*, 223 NLRB 614, 622 (1976); *Duke University*, 226 NLRB 470, 471 (1976).

Here, the evidence revealed that Ruiz should be included in a unit of nonprofessional and technical employees. As the Messenger, Ruiz is mainly responsible for the overseeing the copier and delivering mail. Ruiz' duties are consistent with Board definition of a nonprofessional employee as she performs manual and routine job functions. In addition, Ruiz works within the Hospital and has contact with other eligible voters. Overall, the evidence establishes that Ruiz should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the Coordinator, Mail/Messenger, Kathleen M. Ruiz be included in the unit and that the ballot be opened and counted.

9. *PBX Operator/Receptionist: Patricia S. Escobar (9), Rosa E. Velazquez Gutierrez (10), Pamala Loomis (11), Evelyn M. Lua (12), Cheryl A. McDonald (13), Christina B. Mullins, (14), Jessica Padilla (15), Cristina Robles (16), Natalie Torres (17), and Sonia Trejo (18)*

The Employer contends that the classification of PBX Operator/Receptionist (Operators) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Vice President of Administration Leigh Cornell stated that the Operators function as the Hospital's telephone operators, transferring phone calls, making overhead pages, and monitoring the alarm system. Cornell's testimony is consistent with the job description for the PBX.

The Operators are supervised by Manager of PBX Leslie Reuland. Reuland reports to Vice President Cornell. Reuland is only responsible for the supervision of the Operators. According to Cornell, the Operators work on the first floor of the main Hospital in a secured room. According to Cornell, the Operators spend most of their time in the secured work area.

The evidence established that the Operators should not be included in a unit of nonprofessionals and technical employees. The Board has determined that the PBX Operators/Receptionists classification in acute care hospitals is a BOC. *St. Catherine's Hospital of Dominican Sisters of Kenosha*, 217 NLRB 787, 789 (1975); *St. Francis Hospital*, 219 NLRB 963, 964 (1975); *St. Claude General Hospital*, 219 NLRB 991 (1975); *Valley Hospital, Ltd.*, 220 NLRB 1339, 1343 (1975); *Seton Medical Center*, 221 NLRB 120 (1975); *Medical Arts Hospital of Houston*, 221 NLRB 1017, 1018 (1975); *Baptist Memorial Hospital*, 225 NLRB 1165, 1168-69 (1976); *Duke University*, 226 NLRB 470, 471 (1976). Cornell's testimony disclosed that the Operators serve as operators for the Hospital answering and transferring phone calls consistent with the Board's ruling. The Operators work in an isolated office similar to BOC. The Operators' interaction with other employees is limited to the answering or transferring of phone calls. For those reasons, I find that the Operators should not be included in the unit.

Accordingly, I conclude that the PBX Operators/Receptionists Patricia S. Escobar, Rosa E. Velazquez Gutierrez, Pamela Loomis, Evelyn M. Lua, Cheryl A. McDonald, Christina B. Mullins, Jessica Padilla, Cristina Robles, Natalie Torres, and Sonia Trejo are not eligible voters and that their ballots should not be counted.

10. *Buyer: Randy Cortinas (19) and Daniel Tsuji (20)*

The Employer contends that the classification of Buyer must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC and employed off site.

According to the job description, the Buyers are responsible for the procurement of supplies, equipment, and services. The Buyers negotiate contracts as assigned and perform follow-up on orders. The Buyers also serve as a resource person to all departments.

According to Vice President Vestino, Buyers would interact with the administrative assistants and the department managers when assisting in the ordering of supplies. Vestino stated that the Buyers spend about 10 percent of their time at the Hospital to discuss supplies with the employees, generally department managers. The Buyers spend about 90 percent of their time at the distribution center, where they have their own offices. The distribution center is located about 2 miles away from the Hospital. Vestino noted that the delivery truck drivers at the distribution center were eligible to vote without challenge. The truck drivers have a community desk at the distribution center but spend most of their time in the truck on deliveries. According to Vestino, the Buyers also interact with the stock clerks who work at the Hospital.

The Buyers report to Purchasing Manager Victoria Yip. The Buyers work from Monday through Friday, no weekends. The Buyers do not wear uniforms.

Based on established Board precedent, I find that Buyers are nonprofessional employees. See *Rhode Island Hosp.*, 313 NLRB at 358 (including buyers in a nonprofessional unit); *Baptist Mem'l Hosp.*, 225 NLRB 1165, 1170 (1976) (placing assistant purchasing agent in a unit of service and maintenance employees). While the Buyers are stationed at the distribution center, they also spend time at the Hospital serving as a resource to all departments. I find that that job location of the Buyers is similar to the truck drivers, who were included in the unit by the parties. The truck drivers also have a work station at the distribution center. For those reasons, I will include the Buyers in the bargaining unit.

Accordingly, I conclude that the ballots of Buyers Randy Cortinas and Daniel Tsuji be opened and counted.

11. Specialist Storeroom Neonatal Intensive Care Unit (NICU): Damion Williams (21)

The Employer contends that the classification of Specialist Storeroom Neonatal Intensive Care Unit (NICU) (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

As noted in the job description and Vice President of Nursing and Patient Care Services Darlene Scaffiddi's testimony, as the Specialist, Williams is required to coordinate the activities of the NICU storeroom. According to Scaffiddi, Williams' day-to-day activities include working with registered nurses and the unit secretary to assure that they have all the necessary supplies. Williams orders supplies and transports supplies to different areas. Williams also cleans and stores equipment to assure that it is ready for the next usage.

Williams works Monday through Friday from about 7 a.m. to 3 p.m. and is required to wear scrubs. Williams works under Director of NICU Michelle Atkins-Young. Williams has three work locations within the Hospital. Williams also spends time in the NICU storage located in Hospital basement.

I find, for the same reasons as set forth in the Buyer classification, *supra*, that Specialist Storeroom NICU is a nonprofessional employee. In addition, the Specialist's duties are

consistent with those of a nonprofessional employee and related to patient care. I shall therefore include the classification of Specialist Storeroom NICU in the bargaining unit.

Accordingly, I conclude that the Specialist Storeroom NICU, Damion Williams be included in the unit and that the ballot be opened and counted.

12. Coordinator: Myong S. Jacobs (22)

The Employer contends that the classification of Coordinator must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Director of Women's Services Dee Ann Gibbs testified that Jacobs is the Coordinator for the Storeroom. Jacobs is responsible for getting all the supplies for Labor Delivery and Recovery Postpartum (LDRP). Per the job description, the Storeroom Coordinator supervises and coordinates the activities of the NICU, LDRP, and Emergency Department (ED) storeroom under the supervision of the clinical coordinator and service director.

Jacobs' work location is the Women's Center storeroom located on the second floor of the Women's Center. There are approximately 35 patient beds on the second floor. According to Director Gibbs, Jacobs would have interaction with patient care support techs as Jacobs oversees all the ordering of supplies. Jacobs also functions the same way patient care support techs do taking supplies out to the nurse's station. According to Gibbs, when there's a delivery, Jacobs and the patient care support techs take out all the needed supplies to the delivery. Jacobs and the patient care support techs do all the cleaning of equipment post-delivery and return it to central supply. Gibbs stated that Jacobs also assists the patient care support techs moving patients.

Jacobs works from Monday through Friday and will occasionally work an evening shift. Jacobs may be called upon to work weekends if they are short staffed. Jacobs is required to wear medical scrubs.

I find, for the same reasons as set forth in the Buyer and Specialist Storeroom NICU classifications, *supra*, that the Coordinator is a nonprofessional employee. I shall therefore include the classification of Coordinator in the bargaining unit.

Accordingly, I conclude that the Coordinator, Myong S. Jacobs be included in the unit and that the ballot be opened and counted.

13. Coordinator Emergency Department (ED): Michael H. Nicholson (23)

The Employer contends that the classification of Coordinator ED (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

The testimony of Vice-President Scaffiddi disclosed that as Coordinator Nicholson works under Director of Emergency Services Angie Besiant. Nicholson works in the Emergency Room (ER). According to Scaffiddi, the Coordinator works alongside LVNs, RNs, ED techs, nursing assistants, patient care associates, and ward clerks to ensure that they have all the necessary

supplies and equipment. Nicholson transports the equipment to various areas of the ER. According to Scaffiddi, Nicholson may be required to wear scrubs as an employee working in a clinical area. Nicholson works Monday through Friday from about 7 a.m. to 3 p.m.

I find, for the same reasons as set forth in the Buyer, Specialist Storeroom NICU, and Coordinator classifications, *supra*, that Coordinator is a nonprofessional employee. I shall therefore include the classification of Coordinator ED in the bargaining unit.

Accordingly, I conclude that the Coordinator ED, Michael H. Nicholson be included in the unit and that the ballot be opened and counted.

14. Benefits Specialist: Fauzia T. Rahman (24) and Alejandra Romero (25)

The Employer contends that the classification of Benefits Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or a confidential employee.

Vice President of Human Resources (HR) Ray Inge testified that the Benefits Specialists work with the health, welfare, and retirement plans; and leave administration for employees. The Benefits Specialists answer employee questions regarding benefit plans, retirement plans, and leave administration. The Benefits Specialists also assist employees to complete forms such as leave of absence. The job description notes that it is preferred qualification that the employee have a bachelor's degree and other HR and payroll certifications. Inge did not know whether either of the employees had the degree or the certifications. The Specialists also work to ensure that employees' with physical limitations file the appropriate paperwork. According to Vice President Inge, the Specialists do not work with employees setting up limitations in the interactive process.

Both Specialists report to Benefits Manager Hazel Wong who reports to Inge. The Benefits Specialists are stationed in the HR office, which is on the first floor of the Hospital. Patient care does not take place on the first floor. The Specialists work the day shift from Monday through Friday and no weekends. The Specialists do not wear a uniform.

The evidence established that the Benefits Specialists should not be included in the voting unit. The Benefits Specialists are part of human resources department, which is considered a BOC area. *See Trumbull Memorial Hospital*, 218 NLRB 796 (1975); *see also St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976). The Employer prefers that the Benefits Specialists hold a bachelor's degree and other HR certifications, unlike nonprofessional or technical employees. Here, it is not unreasonable for the Employer to require such degree and certifications as the duties of the Specialist go beyond routine. In addition, Inge's testimony revealed that the only interaction that the Benefits Specialist have with eligible voters is limited to answering questions regarding benefits. Moreover, the Specialist's duties are altogether different from supporting the Hospital's actual patient care operations. Overall, the evidence established that the Benefits Specialist duties are akin to those of a BOC, thus I will exclude them from the unit.

Accordingly, I conclude that the ballots of Benefits Specialist Fauzia T. Rahman and Alejandra Romero should not be counted.

15. Workers Compensation Claims Specialist: Vicki L. Reinert (26)

The Employer contends that the classification of Workers Compensation Claims Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or a confidential employee.

Per the job description, the Specialist is responsible for data entry of all job related associate injuries/illnesses, and processes and submits workers' compensation claims through the Hospital's third party administrator (TPA). The Specialist forwards all pertinent documents and information as required, reviews all new hire pre-placement physicals, and enters required data in Respond software. The Specialist initiates associate health records, reviews and authorizes monthly pre-placement physicals and workers' compensation injury billings from the Hospital's occupational health clinics and emergency department physicians group, and maintains current documentation for the Hospital, OSHA, and 300 log. Vice President Inge stated that the 300 log is related to OSHA, but could not elaborate. Vice President Inge testified that as part of the duties, the Specialist would interact with an employee if the employee was injured on the job, to assist the employee with forms.

Reinert works on the fourth floor in occupational health. Occupational health is for employees of the Hospital that may be sick or injured. There are also an RN and an LVN who work in occupational health. Reinert is a part-time employee who works from Monday through Friday. Reinert does not wear a uniform.

The evidence established that the Specialist should not be included in the voting unit comprised of nonprofessional and technical employees. The Specialist is part of HR, which is considered a BOC area. The Specialist is responsible for reviewing and authorizing workers' compensation injury billings, tasks that are not generally assigned nonprofessional or technical employees. The Specialist's major function is data entry, a task more common of a BOC. Moreover, there is insufficient evidence to establish that the Specialist has regular interaction with eligible voters. The Specialist only comes in contact with employees who need assistance with workers' compensation. While the duties are significant to the Employer's operation, the duties are altogether different from supporting the Hospital's actual patient care operations. Overall, the evidence established that the Specialist should not be included in a unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballot of Workers Compensation Claims Specialist Vickie L. Reinert not be counted.

16. Employee Specialist: Carla S. Julkes (27) and Lee D. Prescottt (28)

The Employer contends that the classification of Employee Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Specialist greets applicants and employees, answers telephones regarding various human resources issues, ensures human resources' lobby area is organized and has a professional appearance at all times, ensures new hire paperwork is processed in a timely and accurate manner, processes subpoenas and jury duty requests, files all information into associates' personnel files, reviews personnel files with management and government officials, and may assist in recruitment of qualified candidates to supply the manpower needs of the Hospital. According to Vice President Inge, if a subpoena or a jury summons arrived, the Specialists would route it to the appropriate employees. As to the filing in employee personnel files, the Specialists would scan the documents into the file. According to Inge, the employees would not scan employee performance evaluations. Inge could not testify to disciplinary actions. Regarding reviewing personnel files, Inge stated that in the HR Supervisor's absences, the Specialist would be present when the review of the file is taking place.

The Specialists report to HR Supervisor Rene Martinez. Inge stated that neither employee held a bachelor's degree. The Specialists work the day shift from Monday through Friday, no weekends. The Specialists work in the HR office and do not wear a uniform.

The evidence established that the Specialist should not be included in the voting unit. The Specialist is part of HR, which is considered a BOC area. The Employee Specialist is responsible for assisting in the hiring process, duties unrelated to the Employer patient care operations. In addition, the Specialist's major function is to review employee personnel files with management and government officials. Here, the duties go far beyond routine and typical of nonprofessional and technical employees. Overall, the evidence established that the Specialist should be excluded from the unit.

Accordingly, I conclude that the ballots of Employee Specialist Carla S. Julkes and Lee D. Prescott should not be counted.

17. Compensation Specialist: Deyri Aburto (29)

The Employer contends that the classification of Compensation Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Specialist compiles, generates, and maintains accurate records for performance evaluations, salary reviews, associate change and leave of absence through the use of Lawson (payroll system), Halogen (evaluation system), and other HR systems. The Specialist ensures accurate data entry into Human Resources Information System (HRIS) in accordance with department procedures, conducts various human resources audits, and assists with appropriate salary surveys, job descriptions, and performs job analysis recommendations.

Vice President Inge does not know if the Specialist interacts with employees when conducting audits. Regarding the salary surveys, Inge stated that it is the Specialist's role to gather data mainly from internal surveys. The Specialist does not conduct the actual surveys. Regarding the job description, Inge stated that the Specialist makes sure that the description is current, based on the date of the last description for a position. The Specialist ensures that the descriptions are updated in a timely manner.

According to Inge, the Specialist would interact with employees such as LVNs and patient care associates with employee change notices. According to Inge, the Specialist had no involvement with the Employer's labor negotiations.

The Specialist reports to Barbara Holland, who reports to Inge. The Specialist works from Monday through Friday, no weekends. The Specialist is not required to wear a uniform. Inge does not know if Aburto holds a bachelor's degree.

The evidence established that the Specialist should not be included in the voting unit. The Specialist is part of HR, which is considered a BOC area. The Specialist is responsible for generating and maintaining accurate records for performance evaluations, salary reviews, associate change, and leave of absence, duties that go beyond routine duties of a nonprofessional employee. In addition, the Specialist's duties are unrelated to the work of the employees in the technical unit. Moreover, the record evidence established that the Specialist only comes in contact with employees in the voting unit for an HR related matter such as a status change. Overall, the evidence established that the Specialist's duties are not similar to those of nonprofessional or technical employees and thus should be excluded from the unit.

Accordingly, I conclude that the ballot of Compensation Specialist Deyri Aburto should not be counted.

18. Compensation Analyst: Aileen W. Yeung (30)

The Employer contends that the classification of Compensation Analyst (Analyst) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or confidential employee.

Vice President Inge testified that a Compensation Analyst and Compensation Specialist, detailed above, have similar responsibilities. The Analyst is at a higher level and handles salary surveys and job analysis, which the Specialist does not. Per the job description, the Analyst compiles, generates, and maintains accurate records for performance evaluations, salary reviews, associate change, and leave of absence (LOA) through the use of Lawson, Halogen, and other HR systems, completes appropriate salary surveys, and performs job analysis. As part of her duties, Inge stated that the Analyst would interact with employees such as LVNs and patient care associates providing information evaluations, performance, and LOA. Inge stated that the Analyst would perform the exact same tasks as the Compensation Specialist. The Specialist has more experience. According to Inge, the Analyst does not have any involvement with labor negotiations.

Yeung works in the HR department on the first floor of the Hospital. Yeung works the day shift from Monday through Friday, no weekends. Yeung does not wear a uniform.

I find, for the same reasons as set forth in the Compensation Specialist classification, that Compensation Analyst is not a nonprofessional or technical employee. I shall therefore exclude the classification of Compensation Analyst from the bargaining unit.

Accordingly, I conclude that the ballot of Compensation Analyst, Aileen W. Yeung should not be counted.

19. Payroll Specialist: Ashley D. Batcheller (31) and Stephanie Myers (32)

The Employer contends that the classification of Payroll Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description the Specialist is responsible for the daily operations of the payroll department with overall responsibility for timely and accurate processing of pay cycles. The Specialist is also responsible for preparing time and accurate payrolls as a member of the payroll team. The Specialist explains and interprets complex payroll information to the employees at all levels of the organization. The description notes that the position also requires the use of analytical skills to identify and address potential issues.

According to Vice President Inge, the Specialist would interact with all employees including LVNs and patient care associates in order to answer payroll questions or explain payroll deductions. According to Inge, the Specialists have knowledge on wage and hour laws in order to answer employee questions.

Both Specialists work on the first floor of the Hospital across from HR in the payroll office. No patient care goes on in the payroll office. The Specialists report to Payroll Manager Stacy Anderson, who reports to Inge. The Specialists work the day shift from Monday through Friday, no weekends. The Specialists are not required to wear a uniform.

The Board has concluded that personnel and payroll employees are BOC. *Trumbull Memorial Hospital*, 218 NLRB 796, 797 (1975); *St. Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976).

The evidence established that the Payroll Specialist should not be included in the voting unit. The Payroll Specialist's responsibilities detailed above are a stark contrast to those of employees in the nonprofessional and technical unit. The duties of the Specialist are far from routine or related to patient care. Rather, the Specialist is required to explain payroll issues to employees and must have knowledge of wage and hour laws in order to answer employee questions. Moreover, the record evidence established that the Specialist only comes in contact with employees in the voting unit if the employee has a payroll issue. The record evidence revealed that the duties of the Payroll Specialist are more akin to a BOC than nonprofessional or technical

employees. For those reasons, I find that the Specialist is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I conclude that the ballots of Payroll Specialists Ashley D. Batcheller and Stephanie Myers not be counted.

20. Senior Payroll Specialist: Cynthia C. Fortugno (33)

The Employer contends that the classification of Senior Payroll Specialist (Senior Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to Vice President Inge, the Payroll Specialist and the Senior Specialist have identical responsibilities. The Senior Specialist simply has more experience. According to Inge, the Senior Specialist would interact with all employees including LVNs and patient care associates in order to answer payroll questions or explain payroll deductions.

The Senior Specialist works on the first floor of the Hospital across from HR in the payroll office. No patient care goes on in the payroll office. The Specialist reports to Payroll Manager Stacy Anderson, who reports to Inge. The Specialist works the day shift from Monday through Friday, no weekends. The Specialist is not required to wear a uniform.

I find, for the same reasons as set forth in the Payroll Specialist classification, that Senior Payroll Specialist is not a nonprofessional or technical employee. I shall therefore exclude the classification of Senior Payroll Specialist from the bargaining unit.

Accordingly, I conclude that the ballot of Senior Payroll Specialist, Cynthia C. Fortugno not be counted.

21. Coordinator Volunteers: Lindsey K. Medina (34)

The Employer contends that the classification of Coordinator Volunteers (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Coordinator is responsible for the administrative duties, planning, and supervision of the student volunteers and student volunteer services, and for assisting the Director of Volunteer Services with department operations and management of staff. The Coordinator also works with the auxiliary as it relates to support for the student volunteer program. Director of Volunteer Services Stacy Mittlestaedt supervises Medina. Medina is mainly responsible for working with and recruiting student volunteers. Medina will also assist Mittlestaedt with the adult volunteers.

Vice President Cornell stated that Medina would interact with other employees, including LVNs, depending where a volunteer is placed. Medina escorts the volunteers to the work area and follows up with the Hospital employees on the volunteer. According to Cornell, the employees that Medina follows up with vary depending on who was assigned to oversee the

volunteer. Medina also checks up on the volunteers around the Hospital and at that time would interact with other Hospital employees. Patients may be present when Medina is bringing a volunteer to the floor. Medina does not have any direct interaction with the patients.

Medina works from Monday through Friday. Medina is also often called upon to work on weekends depending on the volunteer's schedule, according to Cornell. Medina does not wear a uniform. Medina works in the volunteer office just off the main lobby. No patient care takes place in the volunteer office.

The Board has concluded that volunteer department clerks are BOC. *Seton Medical Center*, 1331 NLRB (1975).

The evidence established that the Coordinator should not be included in the voting unit. The Coordinator responsibilities detailed above are specific to recruiting and working with Hospital volunteers. The duties of the Coordinator are far from routine or related to patient care. Although Vice President Cornell testified that the Coordinator may interact with employees in the unit, it appears that the encounters are nothing more than casual. In addition, Cornell's testimony about the potential interaction was general and nonspecific. The record evidence revealed that the duties of the Coordinator are more akin to a BOC than nonprofessional or technical employees and thus should be excluded from the unit. For those reasons, I find that the Coordinator is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I conclude the ballot of Coordinator Volunteers Lindsey K. Medina not be counted.

22. Education Department Coordinator: Sharon Kaitz (35)

The Employer contends that the classification of Education Department Coordinator (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

The testimony of Vice President Scafiddi revealed that as Education Department Coordinator, Kaitz works under the supervision of Manager of Education Ann Mendoza. Mendoza does not supervise any employees included in the voter list. Per the Education Coordinator position description and Scafiddi's testimony, Kaitz is responsible for the day-to-day clerical operation of the Education Department. According to Scafiddi, this consists of typing documents for the manager, posting calendars with educational classes, and making copies. Kaitz has her own office located in the four-story building on the fourth floor. According to Scafiddi, Kaitz interacts with RNs, LVNs, nursing assistants, patient care techs, ED techs, and respiratory therapists as it becomes necessary for those employees to schedule classes. Similarly, Kaitz assists external patrons who contact the Hospital for the education services. In addition, Kaitz maintains a database with employee certification expiration dates. Employees will call upon Kaitz to find out the expiration date of a particular certification. Kaitz also

provides employees with materials necessary for any class she may have scheduled for an employee.

Kaitz works from Monday through Friday, no weekends. Kaitz has her own office and does not have any patient interaction. Kaitz is not required to wear a uniform.

The evidence established that the Coordinator should not be included in the voting unit of nonprofessional and technical employee. The Coordinator's responsibilities detailed above are specific to assisting Hospital employees and external patrons with continuing education. While the Coordinator may have interactions with other nonprofessional and technical employees, the interaction is limited to scheduling a class or providing materials. The Coordinator's tasks are unrelated to patient care services. In addition, the Coordinator works in her own office, not within a patient care area. The record evidence revealed that the duties of the Coordinator are more akin to a BOC than nonprofessional or technical employees and thus should be excluded from the unit. For those reasons, I find that the Coordinator is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, the ballot of Education Department Coordinator Sharon L. Kaitz should not be counted.

23. Document Imagining Quality Representative: Francisco Acosta (36), Candice S. Castellanos (37), Mercedes Martin (38), Maribel Prado (39), Martha E. Rangel (40), and Charles S. Valdepena (41)

The Employer contends that the classification of Document Imagining Quality Representative (Representative) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Representative validates the accuracy and completeness of medical records in the online medical record, ensures all scanned documents are positioned correctly, identifies those that are incorrect, and corrects per policy. The Representative ensures each document is indexed in the correct patient encounter, ensures each document is assigned a correct document name, and preps scans, indexes, and analyzes patients' records when needed. The Representatives report directly to Director of Health Information Management Larry Smith. According to Smith, the completeness of the record is necessary per Title 22 and is not related to billing. Title 22 is the California State Social Security and Administration Act, which covers the licensing of acute care hospitals and the operations of a Health Information Management (HIM) Department.

Smith stated that that the Representatives would have daily interactions with RNs, LVNs, and patient care associates if a document is missing from a patient's charts. The charts are retrieved from the floor by the document scanning and index representatives. The Representatives do not have any patient interaction.

The Representatives work in the basement of the Hospital. The Representatives work the day shift from Monday through Friday and weekends on a rotating basis.

Here, the evidence revealed that Representative classification is a clerical position and should be included in a unit of nonprofessional and technical employees. The duties of the Representative are limited to ensuring the completeness of medical records. The Representatives perform routine job functions, and are not highly skilled or trained. While the Representatives do not work within the patient care area, Smith credibly testified that the Representatives have daily interactions with employees outside HIM including employees that were eligible to vote. In addition, the clerical duties of the Representative are unrelated to patient billing. Overall, the evidence establishes that the Representatives should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the Document Imaging Quality Representatives Francisco Acosta, Candice S. Castellanos, Mercedes Martin, Maribel Prado, Martha E. Rangel., and Charles S. Valdepena be included in the unit and that their ballots be opened and counted.

24. Document Scanning and Indexing Representatives: Lisa S. Richardson (42) and Jenny L. Smith (43)

The Employer contends that the classification of Document Scanning and Indexing Representative (Representative) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Representatives review scanned images, identify documents of poor quality, mark for rescanning those documents identified, ensure all scanned documents are positioned correctly, identify those that are incorrect and correct per policy, ensure each document is indexed to the correct patient encounter, ensure each document is assigned a correct document name, verify that barcode documents are correctly indexed, identify when it is appropriate to split and/or merge documents, correctly insert page documents when and where appropriate, and are responsible for scanning all medical records loose material into either the patient medical record or encounter.

The Representatives walk through the Hospital and retrieve patient charts from the nursing units. The Representative retrieves the charts from a designated location at each nursing unit. The Representative reconciles the charts against a list of charts and if a chart is missing, the Representative may speak to the nursing personnel including charge nurses and RNs if files are missing. The Representatives retrieve files twice per day for about 45 minutes. The Representatives return to their work area in basement of the Hospital and scan the charts. Once the Representative is done scanning the file, she forwards the file to the Document Imaging and Quality Representatives. According to Director Smith, the Representatives' duties are not related to billing of patients or insurance companies.

The Representatives work the day shift from Monday through Friday and rotate the weekends with the Document Imaging Preparation Representatives.

I find, for the same reasons as set forth in the Document Imaging Quality Representative, that Document Scanning and Indexing Representative is a nonprofessional employee. I shall therefore include the classification of Document Scanning and Indexing Representative in the bargaining unit.

Accordingly, I conclude that the ballots of Document Scanning and Indexing Representatives Lisa S. Richardson and Jenny L. Smith be included in the unit and that their ballots be opened and counted.

25. Document Imaging Preparation Representatives: Julie Barrera (44), Simone L. Dazalla (45), Viviana M. Flores (46), Pamela Lee-Porter (47), Donna S. Romero (48), Olivia Trebino (49), and Kimberly Wallace (50)

The Employer contends that the classification of Document Imaging Preparation Representatives (Representatives) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Document Imaging Preparation Representative ensures that all designated patient encounters are received and prepared for scanning in an accurate and timely manner. The Representative retrieves records from nursing units and ancillary departments, verifies receipt of all designated discharge records utilizing designated reconciliation process, preps paper charts for scanning by ensuring the patient name, medical record number, and account numbers are on every page in the chart. The Representative front and back processes non-barcoded documents appropriately, and determines appropriate organization of batch to support maximum productivity of scanning and indexing process. The Representative maintains the scanner through cleaning and changing consumables and keeping track of scanner maintenance, answers telephones, retrieves and refiles paper records, and provides assistance to customers as needed.

Director Smith stated that the Representatives are responsible for going to the nursing units to retrieve the patient charts. Once the Representatives return to the basement they prepare the files for the Document Scanning and Indexing Representatives. The Representatives work in the basement of the Hospital and report to Operations Manager Pamela Lytle.

The Representatives work the day shift from Monday through Friday and rotate the weekends with the Document Scanning and Indexing Representatives.

I find, for the same reasons as set forth in the Document Imaging Quality Representative, that Document Imaging Preparation Representative is a nonprofessional classification. I shall therefore include the classification of Document Imaging Preparation Representative in the bargaining unit.

Accordingly, I conclude that the ballots of Document Imaging Preparation Representatives Julie Barrera, Simone L. Dazalla, Viviana M. Flores, Pamela Lee-Porter, Donna S. Romero,

Olivia Trebino, and Kimberly Wallace be included in the unit and that their ballots be opened and counted.

26. Medical Record Birth Clerk: Suzanne L. Avina (51), Alma Goldberg (52), and Laura E. Gonzalez (53)

The Employer contends that the classification of Medical Records Clerk (Clerk) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Medical Record Birth Clerk serves as the birth certificate and paternity opportunity program liaison for the parent. They are responsible for obtaining and verifying the completeness and accuracy of all the necessary data elements for an electronic completion and transmission of the birth certificate as required by state law in a timely manner. They are responsible for obtaining signatures from parents for birth certificates and other state and county specified programs, e.g. birth certificates, paternity opportunity programs, and Social Security. The Clerk completes and reviews paternity paperwork with parents as needed and submits in a timely manner, maintains confidentiality of all protected health information (PHI), and HIPAA related information.

Director Smith stated that the Clerks work on the third floor of the Hospital. According to Smith, the Clerks are responsible for going and visiting every parent that delivers in the Hospital and obtaining all the necessary information to complete a birth certificate. The Clerks are responsible for interacting with the nursing personnel to ensure that information missed and/or not obtained is obtained from the patient. The Clerks prepare a birth certificate and submit it to the county department of records. Smith stated that the Clerks would interact with RNs and LVNs. The Clerks report to Electronic Health Record (EHR) Manager Laveta MacFarland.

Here, the evidence revealed that Clerk classification is a nonprofessional and should be included in a unit of nonprofessional and technical employees. The Board has found that medical record clerical employees are nonprofessional employees. *St. Lukes General Hospital*, 220 NLRB 488, 489 (1975); *Gnaden Huetten Memorial Hospital*, 219 NLRB 235, 236 (1975); *Sisters of St. Joseph of Peace*, 217 NLRB 797 (1975); *William W. Backus Hospital*, 220 NLRB 414, 415 (1975). The duties of the Clerks are limited to routine clerical duties which are not highly skilled or trained. In addition, the Clerks work with the patients who deliver at the hospital to obtain all necessary information for a birth certificate. In addition, there is no evidence to support that the clerical duties of the Clerks are related to the Hospital's financials. Overall, the evidence establishes that the Clerks should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballots of Medical Record Birth Clerks Suzanne L. Avina, Alma Goldberg, and Laura E. Gonzalez be included in the unit and that the ballots be opened and counted.

27. Medical Record Clerk, Sr. Lavette I. Taylor (54)

The Employer contends that the classification of Medical Record Clerk, Sr. (Senior Clerk) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Senior Clerk is responsible for the organization, filing, re-filing, and retrieval of medical records. The Senior Clerk maintains medical records in terminal digit order, coordinates with requesters to obtain medical records, and maintains and organizes the working environment. Director Smith stated that the Clerk would retrieve the medical records in the electronic for or from the storage facility. According to Smith, Senior Clerk Taylor also goes to the floors to verify history and physicals are present on every patient who is admitted within 24 hours. Smith stated that Taylor would interact with LVNs and RNs. Taylor does not have any patient interaction. Taylor reports to EHR Manager Laveta MacFarland.

I find, for the same reasons as set forth in the Medical Record Birth Clerk, that the Medical Record Clerk, Senior is a nonprofessional employee. I shall therefore include the classification of Medical Record Clerk, Senior in the bargaining unit.

Accordingly, I conclude that the ballot of Medical Record Birth Clerk, Senior Lavetete I. Taylor be included in the unit and that the ballot be opened and counted.

28. Medical Record Technicians: Leonard W. King (55), Donna E. Munoz (56), Norma Odell (57), Laura M. Salas (58), and Maricela Torres (59)

The Employer contends that the classification of Medical Record Technician (Technician) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC and employed off site.

Director Smith testified that the Medical Record Technicians are responsible for reviewing the medical record and ensuring its timely completion. The Technicians are responsible for identifying deficiencies, such as missing signatures from a chart, date and time, documents, operative reports, histories, and physicals. If the record is incomplete, the Technicians would create a deficiency for the physician to complete that missing document.

The Technicians report to EHR Manager MacFarland. The Technicians work in the basement of the Hospital. Smith stated that some of the employees work from home but are required to be at the Hospital 1 week per month for meetings and training. Technician King does not work from home. The Technicians do not have any interaction with other employees.

The evidence established that the Technician should not be included in the voting unit. While the duties of the Technician are clerical in nature, the Technicians do not permanently work onsite, with the exception of one employee. As a result, the evidence failed to establish that the technicians have any interaction with patients or any other employees in the voting unit as they spend no time in patient care areas. Rather, Smith's testimony disclosed that when there is missing information from a medical record the Technician creates a deficiency for the

physician to complete. For those reasons, I find that the duties of the Technician are more akin to that of a BOC and thus should be excluded from the unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballots of Leonard W. King, Donna E. Munoz, Norma Odell, Laura M. Salas, and Maricela Torres be included in the unit and that the ballot be opened and counted.

29. Lead HIM Imaging Technician: Donna L. Phillips (60)

The Employer contends that the classification of Lead HIM Imaging Technician (Technician) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Lead HIM Imaging Technician assists the Operations Manager on day-to-day imaging functions to include prep, scan, and QC. The Technician trains new staff and provides ongoing education on workflow changes. The Technician provides cross-training to staff, performs daily quality control measures to maintain the imaging system, tracks missing charts and inhibiting image goals, receives and reviews daily information, provides feedback to staff to improve quality, generates daily productivity reports of staff, analyzes results, and provides suggestions to the HIM system. The Technician reassigns work as needed to ensure department goals are met, determines resolution to difficult imaging issues such as foreign matter found within the chart, deletes unnecessary electronic pages as needed, and provides assistance to end users such as troubleshooting problems impacting data quality. Director Smith stated that Technician's duties are similar to those of the Document Imaging Quality Representatives, but with more experience and responsibility. Smith stated that if there are issues with medical records on a consistent basis from particular departments and/or units, the Technician would be responsible as the first line to go and talk to the individual department managers and/or nursing personnel to determine what the cause of the problem is and seek resolution. According to Smith, this would bring the Technician into regular interaction with LVNs and RNs. In addition, the Technician is responsible for reviewing the work of the Document Imaging Prep Scan Representatives. The Technician reviews the work for about 90 percent of their day alongside the Document Imaging Representatives and at their own computer.

The Technician works in the basement of the Hospital. Technician Phillips reports to Operations Manager Lytle. Director Smith stated that Phillips duties do not have anything to do with patient billing.

Here, the evidence revealed that Lead HIM Imaging Technician classification is a clerical position and should be included in a unit of nonprofessional and technical employees. The duties of the Technician are limited to ensuring the completeness of medical record and reviewing the work of other Imaging Representatives. The Technician performs routine job functions, and is not highly skilled or trained. In addition, the clerical duties of the Technician are unrelated to

patient billing. Overall, the evidence establishes that the Technician should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the Lead HIM Imaging Technician Donna L. Phillips be included in the unit and that her ballot be opened and counted.

30. Specialist, HIM Data Integrity: Cleo M. Bretado (61), Heidy A. Martinez (62), and Adrienne B. Wilson (63)

The Employer contends that the classification of Specialist, HIM Data Integrity (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Specialists are responsible for ongoing monitoring and repair of patient identity issues, duplicate medical record numbers, and patient overlays. The Specialist actively collaborates with end users to resolve issues and ensure appropriate documentation errors are corrected. The Specialist may review insurance payments and denials and recommend billing corrections. The Specialist is responsible for participating in initiatives related to the legal health record and all supporting systems and developing policy and procedures related to data integrity and the legal health record. The Specialist is a subject matter expert on all systems impacting the legal health record and participates in system design, validation, and testing. The Specialist participates in the development of the designated record set for PVHMC. Director Smith provided the example that if a patient is misidentified, such as a father and son with the same full name, when the patient arrives at the Hospital and upon registration, the incorrect patient is chosen and information is placed into that record. It is the Specialist's responsibility to desegregate those records and put them in the appropriate medical record electronically.

Smith further stated that the Specialists may deal with denials from the insurance companies. According to Smith, if a claim is denied because of potential documentation issues or the correct service type was chosen when the patient was registered, the Specialist would review the chart, review the registration process, and make sure the patient is accurately assigned to the correct service type. Smith also stated that the Specialists duties are unrelated to patient or insurance billing. The Specialists work in the basement of the Hospital.

The evidence established that the Specialist should not be included in the voting unit. The Specialist's responsibilities detailed above are a contrast to those of employees in HIM Department as they deal with issues related to patient misidentification and insurance denials. Based on Smith's testimony and the job description, the duties of the Specialist are far from routine. Rather, the Specialists are required to research medical files in order to determine whether the patient was assigned to the correct service type. Moreover, the record evidence established that the Specialist may only come in contact with employees in the voting unit if they need to verify information. Smith's testimony regarding the interactions was generalized and nonspecific. The record evidence revealed that the duties of the Specialist are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Specialist is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, the ballots of the Specialist, HIM Data Integrity Cleo M. Bretado, Heidy A. Martinez, and Adrienne B. Wilson should not be counted.

31. Coordinator HIM: Rosaura Rodriguez (64)

The Employer contends that the classification of Coordinator HIM (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Coordinator is responsible for performing chart reviews, audits, and data entry in regards to timing, quality, and completed clinical documentation. The Coordinator acts as liaison through concurrent interaction with physicians, nursing staff, and other patient caregivers, to support improving the overall quality and completeness of documentation. According to Smith, the Coordinator's duties require her to interact with employees including LVNs with regard to gaps in documentation and/or quality of documents. Coordinator Rodriguez is responsible for auditing records on a daily basis and identifying quality improvement efforts. The Coordinator reports to EHR Manager MacFarland.

Here, the evidence revealed that Coordinator classification is a clerical position and should be included in a unit of nonprofessional and technical employees. The duties of the Coordinator are limited to ensuring the completeness of medical records and reviewing the work of other Imaging Representatives. The Coordinator performs routine job functions, and is not highly skilled or trained. In addition, the clerical duties of the Coordinator are unrelated to patient billing. Overall, the evidence establishes that the Coordinator should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the Coordinator HIM Rosaura Rodriguez should be included in the unit and that her ballot be opened and counted.

32. Clinical Coding Specialist I: Robin Beardsley (65), Michelle Daniels (66), Reynaldo C. De la Cruz (67), Anna Dizon (68), Kisha A. Vital (69), Lourdes M. Wright (70), and Esther C. Yee (71)

33. Clinical Coding Specialist II: Ghasan Abusad (72), Juanita S. Baldwin (73), Kathryn L. Bryan (74), Irene T. Diep (75), Catherine Y. Dunbar (76), Billy Encinas (77), Robin K. Francis-Jackson (78), Jesus T. Arnold Hilvano (79), Samone N. Hogg (80), Cynthia M. Juarez (81), Phuotontrang Nguyen (82), Natalia D. Olazo (83), Lexie X. Phan (84), Elaine L. Soller (85), and Priscilla B. Torralba (86).

The Employer contends that the classifications of Clinical Coding Specialists (Specialists) I and II must be included in the nonprofessional and technical unit. Petitioner argues that these classifications belong in a business office clerical unit.

Director Smith stated that the duties of all Specialists are fairly similar. The Specialist IIs have more experience than Specialist Is, therefore the Specialist IIs code for the more intense

cases. The Specialist I classification is responsible for coding the ancillary departments such as the lab and radiology whereas the Specialist IIs are responsible for coding cases such as surgery.

Per the job description, the Specialist I is responsible for the review and evaluation of the medical records in order to assign an accurate diagnosis and procedural codes ensuring code assignment while remaining compliant with all regulatory agencies. The Specialist is also responsible for abstracting specific data elements for internal operations and reporting to regulatory agencies. The Specialist must demonstrate the ability to meet or exceed standards of Clinical Coding Specialist II within 1 year of hire. Smith stated that the coding is done by the Specialists for billing, but the Specialists do not send out any bills themselves.

The Specialists regularly perform their duties from home. However, according to Smith, the Specialist spent approximately 400 hours at the Hospital in the last year for training and education. The Specialist does not have any interaction with employees outside HIM or patients.

Both classifications require applicants to possess multiple coding certifications. In addition, Specialist IIs must have at least 2 years of coding and reimbursement experience in an acute-care hospital.

Inasmuch as the general duties and requirements for the Specialist I and II are the same, I will analyze them as one classification.

I find that the function of Specialists is financial and administrative in nature, and bears more resemblance to that of business office clericals than to technical and nonprofessional employees, thus the Specialists should be excluded from the unit. The Specialists responsibilities are directly related to patient billing, a stark contrast to those of employees in the nonprofessional and technical unit. The duties of the Specialist are far from routine or related to patient care. In fact, the Specialists are required to hold multiple certifications in order to perform their job. Moreover, the record evidence established that the Specialists work from home and do not have any contact with employees outside the department or patients, despite the hours spent at the Hospital for training. The record evidence revealed that the duties of the Specialist are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Specialists are not a classification that should be included in the nonprofessional and technical unit.

For these reasons, I conclude that the ballots of the Clinical Coding Specialist I: Robin Beardsley, Michelle Daniels, Reynaldo C. De la Cruz, Anna Dizon, Kisha A. Vital, Lourdes M. Wright, and Esther C. Yee; and Clinical Coding Specialist II: Ghasan Abusad, Juanita S. Baldwin, Kathryn L. Bryan, Irene T. Diep, Catherine Y. Dunbar, Billy Encinas, Robin K. Francis-Jackson, Jesus T. Arnold Hilvano, Samone N. Hogg, Cynthia M. Juarez, Phuotontrang Nguyen, Natalia D. Olazo, Lexie X. Phan, Elaine L. Soller, and Priscilla B. Torralba should not be counted.

34. Coding Assistant: Victoria Lepe (87), Alice R. Lopez (88), Deepti Madahar (89), and Paula M. Sather (90)

The Employer contends that the classification of Coding Assistant (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant monitors accounts on bill hold and follows up as needed/required. The Assistant works with ancillary departments, business office, and auditors to correct problem accounts and report errors for tracking purposes. The Assistant also assigns diagnostic and procedural codes as necessary. According to Smith, the Assistants make sure that all accounts are coded and submitted to the business office for billing within the 5 days of discharge. Smith stated that the Assistants would talk to the ancillary departments about missing documentation or inappropriate hard codes submitted on a particular account. They could be working to obtain missing documentation and that they could also work with the admitting staff to help ensure the correct service type is assigned for the patient. The Assistants are required to have 1 year of billing experience and coding. The Assistants do not have any patient interaction. The Coding Assistants report to Elaine Maldonado. The Assistants work from the basement of the Hospital and do not work from home.

I find that the function of Coding Assistant, like the Coding Specialist, is financial and administrative in nature, and bears more resemblance to that of business office clericals than to technical and nonprofessional employees. Thus the Assistants should be excluded from the unit. The Assistants responsibilities are directly related to patient billing, a contrast to those of employees in the nonprofessional and technical unit. The duties of the Assistant are not routine or related to patient care. In fact, the Assistants have no patient interaction. The record evidence revealed that the duties of the Assistants are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Assistant is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I conclude that the ballots of the Coding Assistants Victoria Lepe, Alice R. Lopez, Deepti Madahar, and Paula M. Sather not be counted.

35. Coding Technician, Non-Certified: Titilayo A. Ishola (91) and Joan S. Scott (92)

The Employer contends that the classification of Coding Technician, Non-Certified (Technician) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Technician inputs diagnostic and procedural codes and collects designated data elements from inpatient and/or outpatient and accounts. Director Smith stated that the Technician is a coder that has received the education but not the certification.

The Technician works from home. Similar to the Coding Specialist I and II, the Technician spent approximately 400 hours at the Hospital in the last year in training. The Technician does not have any patient interaction.

I find, for the same reasons as set forth in the Coding Specialist I and II, that the Coding Technician, Non-Certified should be excluded from the nonprofessional and technical unit. I shall therefore exclude the classification of Coding Technician, Non-Certified from the bargaining unit.

Accordingly, I conclude that the ballots of Coding Technician, Non-Certified Titilayo A. Ishola and Joan S. Scott not be included in the unit and that the ballots should not be opened and counted.

36. Lead, HIM Inpatient Coding: Saima Ali (93)

The Employer contends that the classification of Lead, HIM Inpatient Coding (Lead) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Lead assists the coding and compliance manager. This position provides coding expertise in the inpatient coding by reviewing all the teamwork performed by other coders, training new coders, and assisting coders with difficult cases. The Lead participates in the documentation improvement program. The Lead is also heavily involved in denial management, continual process improvement activities to decrease denials. The Lead is also required to have the coding certification and 5 or more year's inpatient coding experience. Director Smith stated that in order to improve the documentation for the coders and obtain the most accurate code, the Lead works with nursing personnel as well as case management nursing personnel to ensure of documentation is improved to meet coding requirements.

The Lead regularly works from home, and similar to the Coding Specialist I and II, the Lead spent approximately 400 hours at the Hospital in the last year in training. The Lead does not have any patient interaction. The Lead reports to Elaine Maldonado.

I find, for the same reasons as set forth in the Coding Specialist I and II, that the Lead, HIM Inpatient Coding should be excluded from the nonprofessional and technical unit. I shall therefore exclude the classification of Lead, HIM Inpatient Coding from the bargaining unit.

Accordingly, I conclude that the ballot of Lead, HIM Inpatient Coding Saima Ali not be included in the unit and that the ballot should not be opened and counted.

37. Administrative Assistant, Case Management: Jeanie M. Hopf (94)

The Employer contends that the classification of Administrative Assistant (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant provides administrative support to the case management director, including training, compiling reports, computer data entry, typing, answering telephone and triaging messages, and maintaining established processes to support the case managers, chaplain, and social workers.

Director of Utilization Management Debra Blankenship supervises the Assistant. Blankenship stated that she also supervises the case management support staff and the case management coordinator lead, which were included in the voter list. According to Blankenship, the Assistant is responsible for assisting both case management support staff and the case management coordinator leads.

The Assistant has her own office on the third floor of the outpatient pavilion. The Assistant works from Monday through Friday from 5:30 a.m. to 2 p.m. The Assistant does not work weekends. The Assistant does not wear a uniform.

The Board has held that secretaries are non-professional employees. *Baptist Memorial Hospital*, 225 NLRB 1165, 1167 (1976). The Assistant is responsible for an array of routine secretarial duties. The duties of the Assistant are routine job functions, and are not highly skilled or trained. The Assistant is on the same team as the case management support staff and the case management coordinator who were eligible to vote. The Assistant is also responsible for assisting the case management support staff and the case management coordinator. Overall, the record evidence established that the Administrative Assistant, Case Management is a nonprofessional that should be included in the voting unit.

Accordingly, I conclude that the ballot of Administrative Assistant, Case Management, Jeanie M. Hopf should be opened and counted.

38. Assistant, Day Surgery: Angelica Quinones (95)

The Employer contends that the classification of Assistant, Day Surgery (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

The testimony of Vice President Scafiddi revealed that the Assistant's office is located on the second floor of the four-story building. Martha Soto is the Director of Surgery. Per the Assistant, Day Surgery job description, Quinones is responsible for routine and specialized clerical duties to support the Surgical Service Department, which may include typing meeting minutes. Quinones is also responsible for typing documents for the Director. Scafiddi stated, that she types whatever the Director requests and does not have any input as to what is written. Quinones also keeps the Director's calendar and schedules appointments. According to Scafiddi, Quinones interacts with all the staff in surgery which include RNs, surgical techs, nursing assistants, and patient care support techs in order to process any potential payroll clarifications. Quinones' supervisor also supervises the LVNs and patient care associates in the department. Quinones would also interact with patients when taking patient complaints, but does not perform patient care.

Quinones works from Monday through Friday from the morning to evening and is not required to wear a uniform.

Here, the evidence revealed that the Assistant should be included in a unit of nonprofessional and technical employees. The Assistant is responsible for an array of routine secretarial duties.

The duties of the Assistant are routine job functions, and are not highly skilled or trained. The Assistant is responsible for typing and keeping the Director's schedule. In addition, the Assistant interacts with the surgery staff, which includes, surgical techs, nursing assistants, and patient care support techs in order to process any potential payroll clarifications. While the Assistant does perform payroll corrections, this is only one of the many other routine clerical tasks assigned to the Assistant. Quinones' supervisor also supervises the LVNs and patient care associates in the department. Additionally, Assistant's work location is in the main Hospital and is not isolated. Overall, the record evidence established that the Administrative Assistant, Day Surgery is a nonprofessional that should be included in the voting unit.

Accordingly, I conclude that the ballot of Administrative Assistant, Day Surgery Angelica Quinones be counted.

39. Administrative Assistant, EVS: Margaret Boyle (96)

The Employer contends that the classification of Administrative Assistant, EVS (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant provides word processing, data entry, generates reports, answers telephone, performs filing, meeting management, takes and generates meeting minutes, and provides general office support.

According to Vice President Vestino, Assistant Boyle works in the basement of the Hospital in the Facilities Department. Boyle has her own office. Boyle reports to the Director of Facilities Eldon Screws. Screws also supervises general service workers, EVS Associates 1, 2 and 3, and EVS Associate Lead. According Vestino, Boyle interacts with eligible voters when dealing with time card issues. In addition, employees go to the office and ask for something to be cleaned or repaired. Vestino also stated that Boyle sometimes does the central dispatch and in doing that will come in contact the employees. As dispatch, Boyle routes telephone calls. Boyle works from Monday through Friday, no weekends. Boyle does not wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, EVS is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, EVS in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, EVS Margaret Boyle should be opened and counted.

40. Administrative Assistant, Family Education & Research Center (FE&RC): Katrina L. Brown (97)

The Employer contends that the classification of Administrative Assistant FE&RC (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant assesses, develops, coordinates, and evaluates community programs, with literature to promote women's services. The Assistant provides administrative support to the manager of OB services. The Assistant also performs a variety of secretarial duties within women's services as needed. The Assistant is responsible for producing the monthly department newsletter.

According to Director Gibbs, Assistant Brown has an office on the first floor of the Women's Center and reports to Manager Susan Miller. Miller reports to Director Gibbs. Gibbs stated that Brown would interact with eligible voters on an occasional basis. According to Gibbs, Brown has more interaction with patients who come to her about registering for a class such as Lamaze or a lecture.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, FE&RC is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, FE&RC in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, FE&RC Katarina L. Brown should be opened and counted.

41. Administrative Assistant, HIM: Adrian Belmontez (98)

The Employer contends that the classification of Administrative Assistant, HIM (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant performs diversified administrative secretarial duties for director of medical records and managerial staff as needed, including accounting and financial responsibilities. According to Director Smith, the financial and accounting responsibilities consist of preparing checks requests for Smith's signature. Assistant Belmontez reports directly to Vice President Smith. Belmontez works in the basement of the Hospital. Belmontez does not work from home.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, HIM is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, HIM in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, HIM Adrian Belmontez should be opened and counted.

42. Administrative Assistant, Master Planning: Candice Whitney (99)

The Employer contends that the classification of Administrative Assistant, Master Planning (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant provides word processing, data entry, generates reports, answers telephone, performs filing, meeting management, takes and generates meeting minutes,

and provides general office support. The Assistant is required to practice strict confidentiality demonstrating a level of professional, maturity and tact in handling highly sensitive and/or confidential information.

Vice President Vestino stated that Assistant Whitney works at the Project Office located across the street from the Hospital and spends about 10 percent of her time at the Hospital taking minutes from meetings. Whitney reports to Project Office Manager Rick Kuyper. Vestino stated that Whitney would interact with general service workers, EVS associates, mailroom staff, stores and distribution staff, and administrative assistants. Whitney's interaction with those employees would come about whenever Manager Kuyper directs her to call an employee to complete a task. Whitney also works with the administrative assistants to schedule meetings regarding construction or repair projects. Vice President Vestino also stated that Whitney would work with stores and distribution to ensure that something was delivered. Whitney works from Monday through Friday, no weekends. Whitney is not required to wear a uniform.

According to Vestino, Whitney meets the preferred qualifications included in the job description which are, 2 years of secretarial experience in healthcare construction, experience budget tracking accounting principles, contract standards, and billing procedures.

The evidence established that the Assistant should not be included in the voting unit. While the duties of the Assistant are clerical and routine in nature, the Assistant works offsite and therefore, should be excluded from the list of eligible voters. In addition, the Assistant's supervisor, Manager Kuyper does not supervise any other employees in the unit.

Accordingly, I conclude that the ballot of Administrative Assistant, Master Planning Candice Whitney should not be counted.

43. Administrative Assistant, Neurology: Elizabeth Delatorre (100)

The Employer contends that the classification of Administrative Assistant, Neurology (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Vice President Scaffiddi's testimony revealed that the Assistant reports to Director of Neurology William Hall. Per the job description, the Assistant performs administrative duties for the Neurology Department including answering phone calls, scheduling patients, billing, typing, and payroll. Scaffiddi did not know what Assistant Delatorre did that involved billing. Delatorre greets patients, checks patients in, has patients sign registration documents, and subsequently notifies the EEG and EMG technicians that the patient is there for a procedure. Delatorre does not collect any patient copays or handle any patient insurance matters.

Delatorre's workstation is located on the third floor of the four-story building. Delatorre does not wear any type of medical uniform. Delatorre is an hourly employee that works from Monday through Friday from the morning to evening.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, Neurology is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, Neurology in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, Neurology Elizabeth Delatorre should be opened and counted.

44. Administrative Assistant, NICU: Kimberley L. Erving (101)

The Employer contends that the classification of Administrative Assistant, NICU (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, Assistant Erving is responsible for typing reports, memoranda, scheduling director's appointments, maintaining director's daily calendar, phone calls, maintaining office supplies, opening and routing mail, maintaining current and terminated personnel files, maintaining memo log, maintaining the monthly budget by preparing bills for the director's approval, ensuring payment of department expenses, and assuring distribution of faxes. As the Assistant, Erving's job does not require her to have interaction with patient care associates or LVNs. Erving does not have any interaction with patients. However, Erving would have interaction with a patient's family if the patient has a complaint or concern which would require follow-up from Erving. Vice President Scafiddi did not provide any specific testimony as to when Erving may have followed up on a patient's complaint.

Erving works from Monday through Friday and does not wear any type of medical uniform. Erving has her own office on the third floor of the Women's Center adjacent to the Director's office, Neonatal Intensive Care Unit and Labor and Delivery.

The evidence established that the Assistant should not be included in the voting unit. While some of the duties of the Assistant are clerical and routine in nature, the Assistant also performs financial and accounting duties that would make the classification more closely related to a BOC. In addition, the Assistant does not have any interaction with any of the eligible voters. Furthermore, Scafiddi's testimony regarding patient interaction was generalized and nonspecific. For those reasons, I find that the Assistant should not be included in a unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballot of Administrative Assistant, NICU Kimberly L. Erving should not be counted.

45. Administrative Assistant, Physical Therapy: Rita M. Gomez (102), Sandra Ibarra (103), Irma Moreno (104), Vera M. Navarro (105), Tina L. Sharp (106), Korina H. Vasquez, (107) and Hendrietta Wing (108).

The Employer contends that the classification of Administrative Assistant, Physical Therapy (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant performs secretarial duties, including typing, word processing, shorthand, filing, answering phones, and making copies. The Assistant greets, assists, and directs patients, visitors, and other hospital callers. The Assistant prepares various reports, schedules, and coordinates meetings in facilities. The Assistant orders supplies and equipment, assists supervisors with revising, developing, and/or implementing policies or procedures, and may be involved in the supervision and education of high school and college students. Director of Rehabilitation Services Joseph Baumgaertner stated that the Assistants are the department secretaries that run the office, managing charts, records, and hosting charges.

Baumgaertner stated that one of the Assistants functions as the receptionist greeting patients. Baumgaertner further stated that the Assistants would have regular interaction with the physical therapy assistants and physical therapy aides when coordinating patient care.

Baumgaertner supervises the Assistants. Baumgaertner also supervises the department secretary physical therapy, occupational therapy assistant, physical therapy aide, physical therapy aide II, physical therapy aide III, physical therapy assistant, physical therapy assistant senior; all employees that were eligible to vote in the election. The Assistants work in the Outpatient Pavilion. Three of the Assistants do work offsite at annexes in Chino Hills (Tina Sharp), Claremont (Irma Moreno), and Covina (Vera Navarro). When employees at the annexes are unable to work, Assistants working at the Outpatient Pavilion fill in. According to Baumgaertner, the three offsite employees would also be called upon to fill in at the Outpatient Pavilion. Sharp, Navarro, and Moreno attend employee meetings and trainings at the Hospital.

The Assistants work from Monday through Saturday. The Assistants rotate Saturdays. The Assistants do not wear uniforms.

I find, for the same reasons as set forth in the Administrative Assistant, EVS, that the Administrative Assistant, Physical Therapy is a nonprofessional employee. Regarding the three employees that work at the annexes, I find that they should be included as the supervision of work is out of the Hospital for all the Assistants. I shall therefore include the classification of Administrative Assistant, Physical Therapy in the bargaining unit.

Accordingly, I conclude that the ballots of Administrative Assistant, Physical Therapy Rita M. Gomez, Sandra Ibarra, Irma Moreno, Vera M. Navarro, Tina L. Sharp, Korina H. Vasquez, and Hendrietta Wing should be opened and counted.

46. Administrative Assistant, Radiology: Corrina Herrera (109)

As detailed above, the Employer and the Petitioner stipulated that Herrera is not eligible to vote and her ballot should not be counted.

47. Assistant: Linda L. Vaughn (110)

The Employer contends that the classification of Assistant must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Manager of Social Relations and Employment Janet Garcia stated that the Assistant rotates throughout the Hospital depending which department needs an assistant. According to Garcia, Vaughn is an Assistant I, which is just a less senior Assistant II. As detailed below, the Assistant is part of the "float pool." As an Assistant, Vaughn is required to provide clerical support in various departments as assigned on a float basis. According Garcia, Vaughn would have patient interaction as she was assigned to Physical Therapy Department at the time of the Hearing and she greeted patients.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant is a nonprofessional employee. I shall therefore include the classification of Assistant in the bargaining unit.

Accordingly, I conclude that the ballot of Assistant Linda L. Vaughn should be opened and counted.

48. Assistant II: Monica Medina (111), Stephanie Ramirez (112), and Katrina Stock (113)

The Employer contends that the classification of Assistant II must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Manager Garcia testified that the three employees rotate throughout the Hospital depending which department needs an assistant. Human Resources Supervisor Rene Martinez oversees the Assistant II classification. Assistant IIs are part of the "float pool." The float pool is a group of employees from different classification that the Employer rotates throughout the Hospital based on the needs of a particular department. The Assistant II could have interaction with eligible voters depending on the department in which they are placed. The departments include physical therapy, sleep center, and infection control. According to Manager Garcia, the Assistant IIs assigned to physical therapy would have patient interaction as they greet the patients. The three employees in the Assistant II classification were part-time/on call on January 9, 2016. Garcia could not testify to the hours the employees worked or the department in which they worked prior to January 9, 2016, the payroll cutoff date. Garcia could not testify as to whether the employees wore a uniform.

According the job description, the Assistant II provides clerical support in various departments as assigned on a float basis. In addition, the Assistant II is required to take a typing test. Garcia named several classifications in the voting unit that were also required to take typing tests.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant is a nonprofessional employee. I shall therefore include the classification of Assistant in the bargaining unit.

Accordingly, I conclude that the ballots of Assistant IIs Monica Medina, Stephanie Ramirez, and Katrina Stock should be opened and counted.

49. Assistant, Emergency Department (ED): Jacquelyn K. Martin (114)

The Employer contends that the classification of Administrative Assistant, ED (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, Assistant Martin handles payroll, time and attendance processing, and performs a variety of other administrative duties. Martin's regular work location is inside the emergency room in room 4. However, at the time of the hearing the emergency room was undergoing construction and Martin had been temporarily moved to another building. According to Vice President Scafiddi, Martin interacts with LVNs, RNs, ED techs, nursing assistants, and patient care support techs to help deal with any payroll issues. Martin's interaction with patients would happen when taking patient complaints. Vice President Scafiddi's testimony revealed that Assistant Martin reports to Director Besiant.

Martin is not required to wear any type of medical uniform. Martin works from Monday through Friday from the morning until the evening. Scafiddi could not testify to Martin's exact hours.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, ED is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, ED in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, ED Jacquelyn K. Martin should be opened and counted.

50. Assistant, Food and Nutrition Services (FNS): Irene C. Cortez (115)

The Employer contends that the classification of Administrative Assistant, FNS (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description the Assistant performs routine and specialized secretarial and clerical duties to support the FNS Department and management. The Assistant updates and maintains FNS filing and record systems and assists in carrying out responsibilities of the department head as directed. Vice President Cornell stated that Assistant Cortez is required to maintain professional and confidential behavior because she works adjacent to the director's office and she could hear conversations regarding employee disciplines or come across confidential documents.

Cornell also stated that Cortez works in an office within the Hospital cafeteria. The cafeteria is open to patients, visitors, and hospital employees. Cortez reports to Director of FNS Steve Kilburn. Kilburn also supervises employees in the voter list including, customer care representative FNS, food service associates, dietetic techs, and cooks. According to Cornell, Cortez may have interactions with employees when seeing them in the cafeteria or administrative assistants when setting up meetings in conference rooms.

Cortez works from Monday through Friday, from 8 a.m. to 5 p.m. Cortez may be called upon to assist with a catering event which may require her to work on a weekend. Cortez is not required to wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Administrative Assistant, FNS is a nonprofessional employee. I shall therefore include the classification of Administrative Assistant, FNS in the bargaining unit.

Accordingly, I conclude that the ballot of Administrative Assistant, FNS Irene C. Cortez should be opened and counted.

51. Assistant, Foundation: Haidi Carrillo (116)

The Employer contends that the classification of Assistant, Foundation (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant in Foundation performs diversified administrative secretarial duties for vice president of development, including accounting and financial responsibilities. According to Vice President of Development Jim Dale, Carrillo would interact with food and nutrition services employees and EVS employees to make sure that an area is prepared for a meeting. Carrillo is responsible for assisting Dale in scheduling Board meetings.

According to Vice President Dale, Carrillo would also interact with employees that donate to the Hospital when making a donation. According to Dale, Carrillo would also do work leading up to a fundraising event such as recording gifts.

Vice President Dale supervises Carrillo. Carrillo's office is located in the Outpatient Pavilion. Carrillo works from 8:30 a.m. to 4 p.m. Carrillo may occasionally work weekends if there are fundraising events such as the Heartbeat Gala.

Here, the evidence established that the Assistant classification should not be included with nonprofessionals and technical employees. The Assistant duties include financial and accounting duties unrelated to patient care. Rather, the Assistant duties are related to Hospitals fundraising. In addition, Dale's testimony regarding the Assistant's interaction other employees was generalized and nonspecific. The record evidence revealed sufficient evidence to establish that the Assistant should not be included in a unit of nonprofessional and technical employees as the duties are more akin to that of a business office clerical.

Accordingly, I conclude that the ballot of Assistant, Foundation, Haidi Carrillo should not be counted.

52. Assistant, Labor Delivery and Recovery Postpartum (LDRP): Lisa M. Vigoa (117)

The Employer contends that the classification of Administrative Assistant, LDRP (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Vice President Scafiddi's stated that Assistant Vigoa reports to Director Gibbs. Per the Assistant, LDRP job description, Vigoa provides administrative support to Director Gibbs, assisting in the organization of projects, typing reports, memoranda, and policy procedure. Vigoa handles phone calls, maintains office supplies, and maintains current and terminated personnel files.

Vigoa has her own office on the third floor of the Women's Center adjacent to Director Gibbs' office. Gibbs also supervises LVNs and patient care associates. In her capacity as Assistant, Vigoa has interaction with LVNs, patient care associates, patient care support techs, and surgical techs when answering phone calls from those employees to Director Gibbs and for any payroll corrections. Vigoa also attends staff meetings, takes minutes, and issues a schedule to the staff.

According to Scafiddi, Vigoa would have patient interaction if nurses were busy and it was necessary for Vigoa to wheel a patient. Scafiddi further stated that Vigoa could take patient concerns or phone calls from patients. Vigoa works from Monday through Friday. Vigoa is not required to wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant, LDRP is a nonprofessional employee. I shall therefore include the classification of Assistant, LDRP in the bargaining unit.

Accordingly, I conclude that the ballot of Assistant, LDRP Lisa M. Vigoa should be opened and counted.

53. Assistant, Lithograph: Erika A. Orellana (118)

As detailed above, the Employer and the Petitioner stipulated that Orellana is not eligible to vote and her ballot should not be counted.

54. Assistant, Medical Surgical 3: Brenda Taylor (119)

The Employer contends that the classification of Assistant, Medical Surgical 3 (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the Assistant, Medical Surgical job description, Assistant Taylor is responsible for providing administrative support, data collection and entry, generating reports, taking and generating meeting minutes, practicing strict confidentiality, demonstrating a level of professionalism, maturity, and tact in handling highly-sensitive or confidential information as related. Vice President Scafiddi testified that the highly-sensitive or confidential information related to HIPAA. Scafiddi further testified that Taylor had no involvement in negotiations with SEIU 121RN or labor-management meetings.

Taylor has her own office on the fourth floor of the Hospital's six-story tower. The fourth floor also houses the medical surgical patients. In her capacity, Taylor would interact with LVNs and patient care associates when answering phone calls for the director from those

employees. Similar to other assistants, Taylor deals with payroll issues. Taylor works from Monday through Friday. Taylor does not wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant, Medical Surgical 3 is a nonprofessional employee. I shall therefore include the classification of Assistant, Medical Surgical 3 in the bargaining unit.

Accordingly, I conclude that the ballot of Assistant, Medical Surgical 3 Brenda Taylor should be opened and counted.

55. Assistant, Pathology Lab: Edith M. Basulto (120)

The Employer contends that the classification of Assistant, Pathology Lab (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Vice President Scaffiddi stated that Assistant Basulto works under Director Rick Vanderhoff, who also supervises the phlebotomists and lab assistants. According to the job description for the Assistant, Pathology Lab, Basulto assists pathologists in the receipt and organization of surgical tissue specimens and autopsies, assures and logs specimens appropriately, and processes and disposes of specimens.

Basulto works in any of the three pathology labs located throughout the Hospital. Basulto moves around the hospital processing and collecting specimens from the different areas of the Hospital as needed. Basulto could collect specimens for surgical techs, RNs, and physicians. Phlebotomists and lab assistants also work in the lab. Basulto wears medical scrubs because as an Assistant in Pathology she is required to go in and out of surgery.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant, Pathology Lab is a nonprofessional employee. I shall therefore include the classification of Assistant, Pathology Lab in the bargaining unit.

Accordingly, I conclude that the ballot of Assistant, Pathology Lab Edith M. Basulto should be opened and counted.

56. Assistant, Purchasing: Kahleen Limjoco (121)

The Employer contends that the classification of Assistant, Purchasing (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant provides administrative support including word processing, data entry, generates reports, answers telephone, performs filing, meeting management, takes and generates meeting minutes, and provides general office support; with the ability to practice strict confidentiality demonstrating a level of professional.

Vice President Vestino stated that Limjoco has his own office in the basement level of the Hospital. Limjoco reports to Marilyn Bybee. According to Vestino, Limjoco interacts with mail

room techs when picking up mail from the mailroom. Limjoco also has interaction with stores and distribution techs, and sterile processing, all employees in the department. Limjoco would interact with the employees regarding time and attendance issues. Limjoco does not have any patient interaction.

Limjoco works from Monday through Friday, no weekends. Limjoco wears business attire.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant, Purchasing is a nonprofessional employee. I shall therefore include the classification of Assistant, Purchasing in the bargaining unit.

Accordingly, I conclude that the ballot of Assistant, Purchasing Kahlen Limjoco should be opened and counted.

57. Assistant, Security: Nerica Munoz (122)

The Employer contends that the classification of Assistant, Security (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Assistant coordinates the day-to-day administrative operations of the security department, coordinates and occasionally attends meetings, participates in the development of the annual operating and capital budgets, participates in updating and rewriting security policies and procedures, subcommittee minutes, and key control. According to Vice President Vestino, Munoz types the security policies and procedures

Vice President Vestino stated that Munoz works in the security building, which is on the campus but not attached to the Hospital. Munoz has her own office. Munoz reports to the Director of Security Louie Hernandez, who reports to Vestino.

Munoz works the day shift from Monday through Friday, no weekends. Munoz does not wear a uniform.

The evidence established that the Assistant should not be included in the voting unit. While the duties of the Assistant are clerical, the Assistant does not work within the Hospital. In addition, the Assistant performs more specialized duties involving security policies and procedures. The Assistant's duties are wholly unrelated to patient care. In this regard, there is no evidence to support that the Assistant has any direct or indirect contact with patients. For those reasons, I find that the Assistant should not be included in the unit of nonprofessionals and technical employees.

Accordingly, I conclude that the ballot of Assistant, Security Nerica Munoz should not be counted.

58. Assistant, Volunteers: Valerie Romero (123) and David K. Voltz (124)

The Employer contends that the classification of Assistant, Volunteers (Assistant) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Assistant, Volunteers supports the director, managers, and supervisors within the Volunteer Services Department and auxiliary with administrative duties and tasks, assistant to manager of gift shop, supervises gift shop volunteers, and assists with weekend supervision of junior volunteers.

Vice President Cornell stated that the two employees work in the Volunteer Department just off the main lobby. The two employees report to Director Mittlestaedt. According to Cornell, the two employees interact with numerous classifications in the voter list who call the volunteer department or when escorting a volunteer to a department. Cornell also stated that the two employees would have patient interaction when escorting volunteers to the floors. Patients may be present when the Assistants are introducing the volunteers to the floor.

Cornell stated that Romero has also worked in the Hospital gift shop behind the register. Romero may also be called upon to place orders for the gift shop. Both Romero and Voltz are responsible for assisting in the supervision of the volunteers working in the gift shop, according to Cornell. Cornell further stated that if called upon by the manager, the Assistant would supervise the volunteers in the gift shop.

According to Cornell, the Assistant work from Monday through Friday from about 8 a.m. to 5 p.m. The Assistants do not work weekends.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Assistant, Volunteers is a nonprofessional employee. I shall therefore include the classification of Assistant, Volunteers in the bargaining unit.

Accordingly, I conclude that the ballots of Assistant, Volunteers Valerie Romero and David K. Voltz should be opened and counted.

59. Coordinator, Cardiac Services: Peggy L. Mata (125) and Valerie N. Verdugo (126)

The Employer contends that the classification of Coordinator, Cardiac Services (Coordinator) must be included in the nonprofessional and technical unit; Petitioner argues that this is a BOC.

Vice-President of Nursing Scafiddi stated that Debbie Keasler supervises the two coordinators in Cardiac Services. According to the job description, the Coordinator is responsible for scheduling appointments, managing patient files, marketing to promote cardiac services, data entry, taking minutes at meetings, and typing and distributing documents.

According to Scafiddi the patient care associates would have interactions with the Coordinators for the purpose of assisting with payroll issues.

Verdugo works in the cardiac cath. lab. There Verdugo functions as a receptionist assisting patients and their families arriving for a procedure. Verdugo does not handle any payments or insurance matters. Verdugo works from Monday through Friday

Mata works on the second floor of the 1972 tower outside of the intensive care unit. Mata shares an office with an RN. Mata works from Monday through Friday. Mata's patient interaction would take place when Mata is taking a patient complaint.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that the Coordinator, Cardiac Services is a nonprofessional employee. I shall therefore include the classification of Coordinator, Cardiac Services in the bargaining unit.

Accordingly, I conclude that the ballot of Coordinator, Cardiac Services Peggy L. Mata and Valerie M. Verdugo should be opened and counted.

60. Coordinator, Intensive Care Unit (ICU): Rosa Delgado (127)

The Employer contends that the classification of Coordinator, Intensive Care Unit (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Coordinator provides administrative support to the nursing and medical Director of Critical Services Peggy Cusack. The duties include creating, typing, and distributing documents. The Coordinator assists in the organization of special projects and performs routine recordkeeping by and with CRT Terminal. The Coordinator audits daily computer-generated reports for required information and processing and locates and retrieves files. Director Cusack supervises the coordinator as well as the patient care associates, LVNs, patient care support techs, and RNs in the ICU. Delgado is also responsible for taking minutes of daily meetings conducted by physicians and attended by the nurses, pharmacists, respiratory therapists, and social workers. Delgado also assists employees with payroll. Delgado does not have any patient interaction.

Delgado works from Monday through Friday, no weekends. Delgado is not required to wear a medical uniform. Delgado shares an office with the doctor on the second floor within the ICU.

The evidence established that the Coordinator should not be included in the voting unit. While the duties of the Coordinator are clerical, there is insufficient to establish that the Coordinator has regular interaction with any employees in the voting unit. In addition, the Coordinator has no patient interaction despite working in the ICU. The Coordinator's duties are wholly unrelated to patient care. For those reasons, I find that the Coordinator should not be included in the unit of nonprofessionals and technical employees.

Accordingly, I conclude that the ballot of Coordinator, ICU Rosa Delgado should not be counted.

61. Coordinator, Staff: Arlene Martinez (128), Sandra Moody (129), Inez L. Ortiz (130), Cheryl L. Puma (131), Melody A. Solomon (132), and Maria Vera-Estrada (133)

BOC.

The Employer contends that the classification of Coordinator, Staff (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to Vice President Scafiddi, the Coordinator is responsible for ensuring that each unit is appropriately staffed. The staffing numbers are generated by a system dependent on the amount of patients in any given unit. The Coordinator specifically ensures the staffing of RNs, LVNs, nursing assistants, patient care support techs, and ward clerks. The Coordinators work with Human Resources as they record employees' shift and time off. The Coordinators work under the direction of Director of Nursing Lola Mitchell. Mitchell also supervises employees in the "float pool" which include LVNs, RNs, nursing assistants, and ward clerks that do not have a permanent assignment.

The Coordinators work on the fourth floor of building two, sharing three workstations as they work different shifts. The Coordinators work on weekends and do not wear uniforms.

The evidence established that the Coordinator should not be included in the voting unit comprised of nonprofessional and technical employees. The Coordinators work with HR to ensure proper staffing. In addition, the Coordinators are involved in payroll tasks recording employees' shifts and time off. In addition, there is insufficient evidence to establish that the Coordinators have regular interaction with other employees in the voting unit or patients. In this regard, Scafiddi's testimony about the Coordinator's interactions was generalized and nonspecific. Overall, the evidence established that the Coordinator should not be included in a unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballots of Arlene Martinez, Sandra Moody, Inez L. Ortiz, Cheryl L. Puma, Melody A. Solomon, and Maria Vera-Estrada should not be counted.

62. Coordinator, Physical Therapy: James R. Morales (134)

The Employer contends that the classification of Coordinator, Physical Therapy (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Coordinator performs diversified administrative roles for the department head and department. The Coordinator may be involved in the supervision and education of high school and college students. Director Baumgaertner supervises Morales. According to Baumgaertner, Morales, is responsible for ordering supplies, cleaning, and posting charges. Morales also helps with equipment repair. Baumgaertner stated that Morales would have some interaction with the physical therapy assistants carrying out his duties. Morales does not typically have any patient interaction.

Director Baumgaertner also supervises the department secretary physical therapy, occupational therapy assistant, physical therapy aide, physical therapy aide II, physical therapy aide III, physical therapy assistant, and physical therapy assistant senior; all employees that were eligible to vote in the election. Morales works from Monday through Friday from 7:30 a.m. to 4:30 p.m. Morales does not wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Coordinator, Physical Therapy is a nonprofessional employee. I shall therefore include the classification of Coordinator, Physical Therapy in the bargaining unit.

Accordingly, I conclude that the ballot of Coordinator, Physical Therapy James R. Morales should be opened and counted.

63. Coordinator, Surgery: Irma A. Arellano (135) and Alison M. Ficke (136)

The Employer contends that the classification of Coordinator, Surgery (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Coordinator functions in the operating room (OR) as the primary coordinator for the scheduling of all surgical procedures. According to Vice President Scafiddi, the Coordinator is also responsible for ensuring that the proper equipment and supplies are available for surgery. The Coordinator is responsible for moving equipment to different operating rooms. According to Scafiddi, the Coordinator interacts with RNs and surgical techs. Scafiddi initially stated that the Coordinator would have interaction with patients in order to schedule a surgery, but then clarified that the scheduling would be done through the doctor's office and not by the patient.

Director Soto supervises the Coordinator, Surgery. Soto is also responsible for supervising the surgical techs. Both Coordinators work on the second floor of the six-story tower about 100 yards from the operating rooms.

The Coordinators work from Monday through Friday, no weekends. The Coordinators are required to wear medical scrubs as their job requires them to go in and out of surgery moving equipment. Scafiddi testified that the Coordinators spend more than half their time in the OR.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Coordinator, Surgery is a nonprofessional employee. I shall therefore include the classification of Coordinator, Surgery in the bargaining unit.

Accordingly, I conclude that the ballots of Coordinator, Surgery Irma A. Arellano and Alison M. Ficke should be opened and counted.

64. Coordinator, Utilization Management (UM) Reporting: Patricia Moran (137)

The Employer contends that the classification of Coordinator, UM Reporting (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Coordinator provides administrative support to the case management director, including training, compiling reports, computer data entry, typing, answering phones and triaging messages, and maintaining established processes to support case managers, chaplain, and social workers. The Coordinator acts as a liaison to Hospital departments and outside contacts.

Director of UM Debra Blankenship stated that Coordinator Moran would interact with the case management support staff and case management coordinator lead assisting them with issues with the analytics system. Moran also provides training on the analytics system.

According to Director Blankenship, Moran is also responsible for serving as a backup for the case management support staff when they are absent. As a substitute Moran would fulfill the duties of a case management support staff, including making referrals, patient discharge, and patient follow-up phone calls. Moran has interaction with patients explaining Medicare forms and performing post discharge follow-up phone calls when serving as a relief. Otherwise, Moran would not have any patient interaction.

Director Blankenship supervises Moran. Moran has her own office on the third floor of the Outpatient Pavilion. Moran works from Monday through Friday from 5:30 a.m. to 2 p.m. Moran does not work weekends and is not required to wear a uniform.

Here, the evidence revealed that this Coordinator classification is a clerical position and should be included in a unit of nonprofessional and technical employees. The duties of the Coordinator are limited to routine clerical duties which are not highly skilled or trained. In addition, the Coordinator fills in for the case managers when they are absent. As substitute for the case managers, the Coordinator comes in contact with patients explaining Medicare forms and performing post discharge follow-up phone calls. In addition, the clerical duties of the Coordinator are unrelated to patient billing. Overall, the evidence establishes that the Coordinator should be included in the unit of nonprofessional and technical employees.

Accordingly, I conclude that the ballot of Coordinator, UM Patricia Moran should be included in the unit and that the ballot be opened and counted.

65. Executive Secretary, Information Systems: Ellen T. Bauer (138)

The Employer contends that the classification of Executive Secretary, Information Systems (Secretary) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or a confidential employee.

Per the job description, the Secretary performs diversified administrative secretarial duties for Information Services and managerial staff including accounting and financial responsibilities. Vice President of Information Technology/Chief Information Office Kent Hoyos stated that Bauer's accounting and financial responsibilities have to do with ordering of equipment, paying bills, and preparing paperwork for payment. Hoyos stated that Bauer would have interaction with other Hospital employees when picking up the mail. According to Hoyos, Bauer also works

with the warehouse staff and purchasing departments. Hoyos declared that Bauer had no involvement in negotiations with SEIU 121RN.

Bauer reports directly to Vice President Hoyos. Bauer works in the Chaney Seinfeld Building. Bauer works from Monday through Friday from 9 a.m. to 5:30 p.m. Bauer works weekends only when there is a system or software update. Bauer is not required to wear a uniform.

The evidence established that the Secretary should not be included in the voting unit. The Secretary's responsibilities detailed above are a contrast to those of employees in the nonprofessional and technical unit. The duties of the Secretary are far from routine or related to patient care. Rather, the Secretary is required to perform financial and accounting duties not typical of nonprofessional clerical employee. Moreover, the record evidence established that the Secretary does not work in the main Hospital building where a vast majority of eligible voters work. Vice President Hoyos did not provide any detailed testimony about the Secretary's interactions with employees in the voting unit. The record evidence revealed that the duties of the Secretary are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Secretary is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I conclude that the ballot of Executive Secretary, Information Systems Ellen T. Bauer should not be counted.

66. Executive Secretary, Resource Center: Betty Jean Munoz (139)

The Employer contends that the classification of Executive Secretary, Resource Center (Secretary) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Vice President Scafiddi testified that Secretary Munoz is not an Executive Secretary, but rather administrative assistant to Director of Nursing Lola Mitchell. According to Scafiddi, Mitchell is also responsible for supervising the LVNs, patient care associates, and nurse assistants in the "float pool." According to Scafiddi, Munoz does carry out the duties in the job description for the director and not the executive. Munoz is responsible for providing administrative and secretarial support to Mitchell, preparing correspondence and documents, and coordinating and supporting meetings. The Secretary maintains files and records, retrieves and directing visitors, gathers data, prepares a variety of recurring and special reports, and handles or assists with administrative matters of a confidential nature frequently involving sensitive internal or external contact.

According to Scafiddi, Munoz would have interaction with RNs, LVNs, respiratory therapists, and nursing assistants when attending staff meetings, which Munoz attends in order to take minutes. Munoz does not have any patient interaction. Scafiddi testified that Munoz did not have any role or involvement in recent negotiations with SEIU 121RN. As part of her job,

Munoz does sit in on labor-management meetings and takes the minutes. Munoz also creates the agenda for the next meeting, based on what the committee, both management and labor, request to carry over to the next meeting. According to Scafiddi, Munoz does not sit on any management meetings where the management members of the labor-management committee discuss any type of strategy.

Munoz has her own office on the fourth floor of the second building. Munoz works from Monday through Friday, no weekends. Munoz is a part-time employee. Munoz is not required to wear medical scrubs.

I find, for the same reasons as set forth in the Administrative Assistant, Day Surgery, that Executive Secretary, Resource Center is a nonprofessional employee. As to the status of confidential employee, I find that Scafiddi credibly testified that the Secretary's involvement in the Employer's labor relations is limited to taking notes at labor management meetings. Here, there is insufficient evidence to establish that the Secretary is a confidential employee. I shall therefore include the classification of Secretary in the bargaining unit.

Accordingly, I conclude that the ballot of Executive Secretary, Resource Center Betty Jean Munoz should be opened and counted.

67. Executive Secretary, Support Services: Stephanie Curiel (140)

The Employer contends that the classification of Executive Secretary, Support Services (Secretary) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or a confidential employee.

In the job description, the Secretary provides clerical support, provides word processing, data entry, generates reports, answers telephone, performs filing, meeting management, takes and generates meeting minutes, and provides general office support. Secretary Curiel reports directly to Vice President Vestino.

According to Vestino, Curiel would have interactions with other employees who go to see him. Vestino testified that Curiel had no involvement in the negotiations with the nurses union.

Curiel is not required to wear a uniform. Curiel works from Monday through Friday, from 8 a.m. to 4:30 p.m. Curiel does not work weekends.

I find, for the same reasons as set forth in the Executive Secretary, Resource Center that Executive Secretary, Support Services is a nonprofessional employee. As to the status of confidential employee, I find that Vestino credibly testified that the Secretary has no involvement in the Employer's labor relations dealings. Here, there is insufficient evidence to establish that the Secretary is a confidential employee. I shall therefore include the classification of Secretary in the bargaining unit.

Accordingly, I conclude that the ballot of Executive Secretary, Support Services Stephanie Curiel should be opened and counted.

68. Intermediate Billing Representative: Veronica Garcia (141) and Lisa Horvath (142)

The Employer contends that the classification of Intermediate Billing Representative (Representative) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description the Representative is responsible for processing inpatient and outpatient related billing tasks, assisting customers at pharmacy reception, and answering telephones for the department. According to Vice President Scafiddi, Representative assures that the pharmacy is properly capturing the charges for the drugs that were administered to patients, which is their billing tasks referred to in the job description. The Representative might issue credits for drugs that were sent up for a patient but not administered. The Representative interacts with the pharmacy techs and assures proper stocking of shelves. According to Scafiddi, the Representative answers telephone calls from RNs or LVNs asking questions about receipt of medications. The Representative sends medications up to the nursing units via the tube system. The Representative also fills in for the pharmacy messenger, which would require the Representative to go up to the floors of the Hospital to make a delivery. Scafiddi testified that the Representatives would not have any interaction with patients.

The Representative works in the pharmacy along with the pharmacists and pharmacy techs. Representatives report to Director of Pharmacy Tom Dotts. The Representatives are not required to wear a uniform.

The evidence established that the Representative should not be included in the voting unit. The Representative's responsibilities detailed above are a stark contrast to those of employees in the nonprofessional and technical unit. The duties of the Representative are far from routine or related to patient care. Rather, the Representative's duties are related to billing functions, a task typical of a BOC. The record evidence revealed that the duties of the Representative are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Representative is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballots of the Intermediate Billing Representatives, Veronica Garcia and Lisa Horvath should not be counted.

69. Customer Relations Liaison: Antonia Cisneros (143), Ivsel Nunez (144), and Jodi Previch (145)

The Employer contends that the classification of Customer Relations Liaison (Liaison) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Liaison acts as a physician customer liaison, providing assistance to patients, community, residents, and third party subscribers seeking immediate medical attention. The Liaisons assist all individuals seeking directions, assistance, or immediate medical attention in person or via the telephone. The Liaisons also register customers for hospital education classes and provide service referrals. Director Gibbs testified that the Liaisons would have interaction with patients providing tours of the Hospital and registering patients for Lamaze classes, breastfeeding classes, and lectures.

The Liaisons work on the first floor of the Women's Center in the Family Education Office. The Liaisons share an office. The Liaisons report to Manager Susan Miller.

The Liaisons work from Monday through Friday and may also work weekends, according to Gibbs. The Liaisons are not required to wear a uniform.

I find, for the same reasons as set forth in the Administrative Assistant, Family Education and Research Center, that Customer Relations Liaison is a nonprofessional employee. I shall therefore include the classification of Customer Relations Liaison in the bargaining unit.

Accordingly, I conclude that the ballots of Customer Relations Liaison Antonia Cisneros, Ivsel Nunez, and Jodi Previch should be opened and counted.

70. Charge Revenue Representative: Matthew G. Freetage (146), Laura N. Huevo (147), Sandra L. Laporte (148), and Nadia Rivas (149)

The Employer contends that the classification of Charge Revenue Representative (Representative) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Representative is responsible for processing observation unit or ER held report on a daily basis. The Representative is also responsible for posting charges to the financial system and reconciling revenue reports and patient accounts. The Representative is required to know medical billing codes in order to ensure proper billing. The Representative maintains communication with the business office on a daily basis in order to ensure timely billing. The Representative also orders office supplies and equipment. According to Vice President Scaffiddi, the Representative reconciles the data that doctors or nurses complete regarding a patient, and charts that information into a single report.

At the time of the hearing, the Representatives were working in a medical office building across the street of the Hospital due to the construction in the emergency room. The Representatives report to Director Besiant. Besiant also supervises the ER techs. Representatives do not have patient interaction. The Representative could have interaction with an LVN if a document is complete. The Representatives work from Monday through Friday, no weekends, and are not required to wear a uniform.

The evidence established that the Representative should not be included in the voting unit. The Representative's responsibilities detailed above are a stark contrast to those of employees in the nonprofessional and technical unit. Scafiddi's testimony and the position description revealed that the duties of the Representative are far from routine. Rather, the Representatives' duties are related to billing functions and accounting, which requires knowledge of billing codes. This is a duty typical of a BOC. While the Representative also has general clerical duties, the fact that Representatives deal with financial information is sufficient to exclude the classification in the unit. Overall, the record evidence revealed that the duties of the Representative are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Representative is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballots of the Charge Revenue Representative Matthew G. Freetage, Laura N. Huevo, Sandra L. Laporte, and Nadia Rivas should not be counted.

71. Systems Coordinator, Laboratory: Dustie J. Flores (150)

The Employer contends that the classification of Systems Coordinator, Laboratory (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Coordinator performs primary billing functions for the laboratory. According to Vice President Scafiddi, the Coordinator ensures that the patient is charged for the correct test. The Coordinator ensures the proper function of the billing processes. The Coordinator also performs maintenance of the physician and CDM tables. The Coordinator also ensures manageable levels of patient merging and billing follow up backlog, and provides general oversight of billing functions in the absence of the LIS manager. In addition, the Coordinator monitors daily computer functions and performs required maintenance. Finally, the Coordinator performs departmental payroll and attendance documentation functions for the entire laboratory.

According to Scafiddi, the Coordinator works in the laboratory on the first floor of the six-story tower and reports to the Laboratory Director. Scafiddi stated that the Coordinator would have interactions with the phlebotomists and laboratory customer service liaisons for purposes of payroll or when taking minutes at staff meeting. Scafiddi stated that the Coordinator does not have any patient care responsibilities. The Coordinator works from Monday through Friday, no weekends, and is not required to wear a uniform.

The evidence established that the Coordinator should not be included in the voting unit. The Coordinator's responsibilities detailed above are a contrast to those of employees in the nonprofessional and technical unit. Scafiddi's testimony and the position description revealed that the duties of the Coordinator are far from routine. Rather, the Coordinator's duties are related to billing functions, accounting, and employee payroll. Here, the evidence established that the Coordinator's duties are typical of a BOC. While the Coordinator may also perform clerical duties, the amount of financial responsibilities is sufficient to exclude the classification

from the unit. Overall, the record evidence revealed that the duties of the Coordinator are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Coordinator is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballot of the Systems Coordinator, Laboratory Dustie J. Flores should not be counted.

72. Office Coordinator, LDRP: Desiree M. Lingenfelter-Chacon (151)

The Employer contends that the classification of Office Coordinator, LDRP (Coordinator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

According to the job description, the Coordinator handles incoming requests and maintains medical records. The Coordinator handles communication between community pediatricians, community referral sources, and clinic staff and physicians. The Coordinator completes authorization and billing issues with other clinic staff and Hospital departments, assists in computer tracking and information management on all clinic patients, and assists the clinical supervisor. According to Director Gibbs, the Coordinator's primary function is scheduling physicians that want to get their patient in for a C-section. The Coordinator would ensure that they had the necessary information on the patient and the prenatal records.

Gibbs stated that the Coordinator has interaction with the patient care support techs and relieves the techs when they go to lunch. When serving as relief Gibbs is responsible for intake of new patients, transporting of patients, and passing meal trays. In her capacity as Coordinator Lingenfelter-Chacon would have limited interaction with patients, according to Gibbs.

Lingenfelter-Chacon works on the second floor of the Women's Center. Lingenfelter-Chacon works the day shift from Monday through Friday and occasionally works on weekends.

The evidence established that the Coordinator should not be included in the voting unit. The Coordinator's responsibilities detailed above are not typical nonprofessional and technical unit as they include financial tasks. Gibbs testimony and the position description revealed that the duties of the Coordinator are not generally routine, with the exception of scheduling C-sections. In addition, there is insufficient evidence to establish that the Coordinator has regular interaction with employees in the voting unit. In this regard, Gibbs testimony was generalized and nonspecific. Finally, Gibbs disclosed that the Coordinator's interactions with patients are limited. Again, Gibbs testimony was generalized and nonspecific. For those reasons, I find that the Coordinator is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballot of the Office Coordinator, LDRP, Desiree M. Lingenfelter-Chacon should not be counted.

73. Hospitality Desk & Park Desk: Maria L. Jimenez (152), Hortensia Machorro (153), Tatiana K. Navarro (154), Angelica Perez (155), Rosemary N. Rojo (156), and Virginia M. Wilkerson (157)

The Employer contends that the classification of Hospitality Desk & Park Desk (Hospitality) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Hospitality greets all drivers of vehicles entering the parking lot, greets all customers entering the lobbies, provides information quickly and courteously for customers, maintains visitor control and issues visitor badges, and protects all Hospital buildings, assets and premises as assigned.

Vice President Vestino stated that the Hospitalities work at the front desk and all Hospital entry points located in the parking lot. The Hospitality position reports to Director Hernandez. The Hospitalities would interact with general service workers and EVS associates if there are cleaning issues. The Hospitalities' interaction with patients is limited to a greeting.

Hospitalities work out of the security building which also houses the credit union and physician billing, but as previously noted are stationed throughout the Hospital.

The evidence established that the Hospitality classification should be excluded from the voting unit. The Hospitality's responsibilities are unrelated to the Hospital's patient care responsibilities. Rather, the Hospitality is only responsible for greeting patients. While the Hospitality may come in contact with patients entering the Hospital, the interactions are limited to a greeting as the Hospitality do not work within the patient care areas. In addition, the interactions with employees in the voting unit are limited to requesting cleaning service. Finally, the Hospitality report to the Head of Security and their department is located in a building not within the main Hospital. For those reasons, I find that the Hospitality is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballots of the Hospitality Desk & Park Desk Maria L. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, and Virginia M. Wilkerson should not be counted.

74. Coordinator, Financial Counselor: Denise E. Sanchez (158)

The Employer contends that the classification of Coordinator, Financial Counselor (Counselor) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC and employed offsite.

According to the job description, the Coordinator assists the uninsured and under insured individual. The Coordinator is responsible for screening applicants to help identify patients' linkage to one of the county or state programs included but not limited to Medi-Cal, Covered California, California Children's Services, Cash Discounts, and Charitable Discounts. The Coordinator is also responsible for completing applications, scheduling appointments with the

county eligibility worker, and following up to ensure all required documentation is submitted. Director of Patient Assets and Billing Sarahi Ruiz stated that Coordinator Sanchez interacts with patients with self-pay accounts and cash patients. The Coordinator also assists patients in finding coverage. Ruiz stated that the Coordinator spends 100 percent of her time at the main Hospital. The Coordinator also has her own office in the Family Health Center located across the street from the Hospital. Case managers will contact the Coordinator when they find out a patient does not have coverage. Ruiz stated that the Coordinator would also interact with the admitting coordinator and admitting, both classifications which were on the voter list.

The Coordinator works from Monday through Friday from 8 a.m. to 5:30 p.m. The Coordinator does work on weekends during open enrollment for Covered California. The Coordinator is not required to wear a uniform.

The evidence established that the Coordinator should be excluded from the voting unit. The Coordinator's responsibilities detailed above are a contrast to those of employees in the nonprofessional and technical unit. Ruiz' testimony and the position description revealed that the duties of the Coordinator are far from routine, and require knowledge of state and federal programs. In sum, the duties of the Coordinator are closely related to the Hospital's financials as it is the duty of the Coordinator to ensure that the Hospital is paid by state and federal programs for the services rendered to those uninsured and underinsured patients. While the Coordinator may work within the Hospital meeting with patients, the Coordinator's location is located away from the Hospital. Here, the record evidence established that the Coordinator's tasks within the Hospital are unrelated to patient care. Rather, the Coordinator's tasks are related to ensuring appropriate payment to the Hospital. As to the Coordinator's interactions with employees in the voting unit, Ruiz' testimony was generalized and not specific. Overall, the record evidence revealed that the duties of the Coordinator are more akin to a BOC than nonprofessional or technical employees. For those reasons, I find that the Coordinator is not a classification that should be included in the nonprofessional and technical unit.

Accordingly, I find that the ballot of the Coordinator, Financial Counselor Denise E. Sanchez should not be counted.

75. Medi-Cal Liaison: Karen Aldridge (159), Harold O. Cifuentes (160), Aurelia Ferrel (161), Blanca Licea (162), and Nicole A. Mejia (163)

The Employer contends that the classification of Medi-Cal Liaison (Liaison) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC and employed offsite.

Per the job description, the Medi-Cal Liaison is responsible for screening all cash accounts for Medi-Cal linkage and extensive follow up until approval or denial is received. The Liaison completes Medi-Cal and Healthy Family applications for patients with link, and Monitors and provides follow up for all financial class I accounts. According to Director Ruiz, the Liaisons work with patients at bedside to assist them in finding medical coverage. The Liaisons also have follow-up visits with the patients in the Family Health Center. Ruiz stated that the Liaisons

would not have any billing responsibilities. Case managers will contact the Liaisons when they find out a patient does not have coverage. The Liaisons would not have any interactions with LVNs. The Liaisons work at the main Hospital, where they have a shared office and are across the street in the Family Health Center, where they have individual offices.

The Liaisons are supervised by Patient Access Manager Nichelle Ford. Ford reports to Ruiz. Ruiz also supervises the admitting coordinator and admitting registration representatives.

The Liaisons work from Monday through Friday from 8 a.m. to 5:30 p.m. The Liaisons do work on weekends during open enrollment for Covered California. The Liaisons are not required to wear a uniform.

I find, for the same reasons as set forth in the Coordinator, Financial Counselor, that Medi-Cal Liaison should be excluded from the voting unit. I shall therefore exclude the classification of Medical Liaison from the bargaining unit.

Accordingly, I conclude that the ballots of Medi-Cal Liaison Karen Aldridge, Harold O. Cifuentes, Aurelia Ferrel, Blanca Licea, and Nicole A. Mejia should not be opened and counted.

76. Coordinator, Pre Services: Andrea E. Martinez (164)

As detailed above, the Employer and the Petitioner stipulated that Martinez is not eligible to vote and her ballot should not be counted.

77. Database & Prospect Research Specialist: Susan McGrath (165)

The Employer contends that the classification of Database & Prospect Research Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC.

Per the job description, the Specialist's primary function is to supervise and maintain the overall execution of the fund-raising database software program, Raiser's Edge, to benefit the philanthropic efforts of the foundation. The Specialist is responsible for the direction of all gift recording processes, provides the Hospital finance department necessary documentation for use in preparation of foundation financial reports, assures that aggregate donor contribution levels are accurate for the ongoing revision of the donor wall recognition, develops, implements, and provides the mail house with multiple level donors groups used for foundation direct mail programs, and attends foundation special events to coordinate the handling of proceeds received during each event. The Specialist is also responsible for all prospect research on current and prospective donors using the latest tools in prospect research. Prospect research is a process used to identify potential donors. The Specialist also supervises the clerical functions of the foundation office.

Vice President Dale supervises Specialist McGrath. McGrath's office is located in the Robert and Beverly Outpatient Pavilion. According to Dale, McGrath would interact with the

food and nutrition services employees when setting up an event. McGrath also visits patient donors.

McGrath works from Monday through Friday from 8:30 a.m. to 5 p.m. McGrath will occasionally work weekends for a fundraising event. McGrath is responsible for collecting donations at the events and depositing the funds. McGrath is not required to wear a uniform.

Here, the evidence established that the Specialist classification should not be included with nonprofessionals and technical employees. The Specialist duties include financial and accounting duties unrelated to patient care as the Specialist does not work within the main Hospital buildings. Rather, the Specialist's duties are related to Hospital's fundraising efforts. In addition, Dale's testimony regarding the Specialist's interaction with other employees was generalized and nonspecific. The record evidence revealed sufficient evidence to establish that the Specialist should not be included in a unit of nonprofessional and technical employees as the duties are more akin to that of a business office clerical.

Accordingly, I conclude that the ballot of Database & Prospect Research Specialist, Susan McGrath should not be counted.

78. Nursing Service Systems Analyst: Araceli Arriaga (166) and Judy F. Carrillo (167)

The Employer contends that the classification of Nursing Service Analyst (Analyst) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or Skilled Maintenance (SM).

According to the job description, the Analysts are responsible for all system functionality, reporting, and support. The Analysts are also responsible for prevention, detection, diagnosis, and resolution of computer-related problems/issues for the nursing office or surgical services operating systems. The Analysts are responsible for creation and maintenance of databases, developing reports, and instructing end users in these systems as needed. According to Vice President Scafiddi, the Analyst does not do anything involving hardware. The Analyst goes around the Hospital and trains employees on any system updates. The Analyst may also be called upon with troubleshooting questions.

Analyst Arriaga reports to Director Mitchell. Arriaga has an office on the fourth floor of the hospital's four-story tower.

Analyst Carrillo reports to Director Soto. Carrillo has an office on the second floor of the four-story tower. Both Mitchell and Soto also supervise LVNs, CNAs, and patient care associates.

According to Scafiddi, Analysts Arriaga and Carrillo work from Monday through Friday. Both Arriaga and Carrillo wear medical scrubs as they are required go into the surgery area. However, there is no requirement to wear scrubs unless they are going into the surgery area. According to Scafiddi, both Arriaga and Carrillo wear scrubs.

Scaffiddi stated that Arriaga and Carrillo have interactions with LVNs, CNAs, and patient care associates when troubleshooting the information system. Neither Arriaga nor Carrillo have any patient interaction according to Scaffiddi.

I find that the Analyst should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Analyst is to create, maintain, and troubleshoot the Hospital systems and databases. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. See 53 Fed. Reg. at 33918-19, 284 NLRB at 1553-55. The Board has consistently found that computer operators and data-processing employees perform functions that are clerical in nature. See, e.g., *Rhode Island Hosp.*, 313 NLRB at 360-61 (finding that data entry employees, and employees responsible for operating and maintaining a hospital's mainframe computers, are business office clericals); *Trumbull Mem'l Hosp.*, 218 NLRB 796, 797 (1975) (computer operator and programmer classifications found to be business office clerical positions, and thus excluded from the petitioned-for unit of nonprofessional employees); *St. Francis Hosp.*, 219 NLRB 963, 964 (1975) (computer operators found to be business office clericals). Accordingly, I shall exclude the Analyst from the bargaining unit.

Accordingly, I conclude that the ballot of Nursing Service Systems Analyst Araceli Arriaga and Judy F. Carrillo should not be counted.

79. Enterprise Practice Management (EPM)- Electronic Medical Record Information System (EMRIS) Specialist: Melinda Hagen (168)

The Employer contends that the classification of EPM-EMRIS must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or skilled maintenance (SM).

According to the job description, the EPM-EMRIS manages, monitors, and evaluates the EPM EMRIS, secures efficiency and proper operating order, works with the senior systems analysts and vendors to plan and implement the EPM-EMR within the satellite division of Pomona Valley Hospital Medical Center clinics, Family Health Clinics and Chino Hills, EPM conversion to Next Gen. Responsibilities to include a development of the file bill, coordination of data input, monitoring progresses and failures, timely reporting and resolution of problems, attendance at meetings, creation of training timelines, and management of goal life functions, collaboration and interaction with vendors, administration, directors, providers, IS, and all levels of associates with concentrations on creating processing and work flows and a universal terminology to establish the best practice system within the satellite division.

Vice President Hoyos stated that he would add that EPM-EMRIS Hagen is also responsible for the health information exchange. Hoyos stated that Hagen has interaction with associates in medical records to ensure that the information on the data exchange is accurate. Hagen's primary focus is with the Hospital clinics located offsite from the main campus.

Hagen works in the Chaney Seinfeld Building. Hagen works the day shift from Monday through Friday. Hagen may have to work on the weekend if there is an issue with the system and she is on call. Hoyos stated that the EPM-EMRIS Specialist does not need any degree or certification. Hoyos also stated that Hagen could work on computer hardware and repair it.

I find, for the same reasons as set forth in the Nursing Service Systems Analyst classification, *supra*, that Enterprise Practice Management - Electronic Medical Record Information System Specialist is not a technical classification, and I shall therefore exclude it from the bargaining unit found appropriate herein.

Accordingly, I conclude that the ballots of Enterprise Practice Management - Electronic Medical Record Information System Specialist Melinda Hagan should not be opened and counted.

- 80. *System Analyst I: Gilbert R. Alamilla (169) and Katheryn Treadwell (170)*
- 81. *System Analyst II: William Ho (171) and Peter Yuen (172)*
- 82. *System Analyst III: Dolores S. Elefano (173), Pamela J. Garcia (174), Catalina V. Guzman (175), Anthony Hipol (176), Jose Sahagun (177), Edward L. Torres (178), and Paulette White (179)*

The Employer contends that the classifications of System Analyst I, II and III (Analyst) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos testified that the duties of the System Analyst I, II, and III are similar, the System Analyst I having the least experience. Hoyos stated that the difference between I, II, and III lies in the employees' experience and seniority.

Per the job description the Analyst collects information to analyze and evaluate existing or proposed systems. The Analyst is required to research, plan, construct, install, configure, troubleshoot, maintain, and/or operate application systems. The Analysts research, plan, construct, install, configure, troubleshoot, maintain, and upgrade hardware and/or software interfaces with the application systems. The Analysts research, plan, construct, install, configure, troubleshoot, maintain, and/or upgrade application reports and databases. They also analyze and evaluate present or proposed business procedures or problems to define data processing needs. Analysts research and recommend hardware and software development, purchases, and use. They troubleshoot and resolve hardware, software, and connectivity problems including user access and component configuration. Analysts select among authorized procedures and seek assistance when guidelines are inadequate, significant deviations are proposed, or when unanticipated problems arise. They maintain confidentiality with regard to the information that is processed, stored, or accessed by the network. Analysts document system problems and resolutions for future reference and rotate as the after-hours on-call support analyst for all applications. Vice President Hoyos stated that Analysts do work on replacing, installing, and upgrading hardware as noted in the job description.

The System Analyst classifications do not require a bachelor's degree but do require two Microsoft certifications and a Project Management Certificate. According to Hoyos, the Analysts would have interaction with employees at the Hospital troubleshooting the system. The System Analysts do not have any patient interaction.

The System Analysts work out of the Chaney Seinfeld Building. The Analysts regularly work from Monday through Friday. The Analysts may be called upon to work a weekend for a system upgrade. The Analysts are not required to wear uniforms.

Because the general duties and requirements for the Analysts I, II and III are the same, I will analyze them as one classification.

I find that the Analyst should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Analyst is to research, plan, construct, install, configure, troubleshoot, maintain, and/or operate the Hospital application system. The Analysts are also responsible for replacing, installing, and upgrading hardware, a duty typical of a SM. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, the Analysts have no patient contact and only have interaction with Hospital employees to troubleshoot the system. Finally, the Analysts do not work in the main Hospital. Accordingly, I shall exclude the Analyst from the bargaining unit.

Therefore, I conclude that the ballots of System Analyst I: Gilbert R. Alamilla and Katheryn Treadwell; System Analyst II: William Ho and Peter Yuen; System Analyst III: Dolores S. Elefano, Pamela J. Garcia, Catalina V. Guzman, Anthony Hipol, Jose Sahagun, Edward L. Torres, and Paulette White should not be opened and counted.

83. Application Specialist, Materials: Daniel R. Martinez (180)

The Employer contends that the classification of Application Specialist, Materials (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Specialist is responsible for the day-to-day operations of the Lawson system, assuring that it is properly utilized and the report of materials management operations. The Specialist assures that all setups, upgrades, and enhancements are coordinated with information systems. The Specialist acts as a liaison between the materials management and information systems. The Specialist is responsible for data and database integrity and is the proprietor of the materials management information system. The Specialist works with the director of supply chain and materials management and system requirements and strategic planning to assure the best practices are maintained.

Vice President Vestino testified that Specialist Martinez works at the distribution center. Martinez has his own office there. The distribution center is located about 2 miles from the Hospital. According to Vestino, Martinez spends about 30 percent of his time at the Hospital to

ensure that the computer program is working properly. Martinez reports to Marilyn Bybee. Vestino stated that Martinez would interact with the stores and distribution associates as part of his job. Martinez is in charge of the systems as it relates to materials and management. He interacts with those employees to ensure the availability of supplies. Vestino testified that Martinez does not do any work hardware.

Martinez works the day shift from Monday through Friday, no weekends. Martinez does not wear a uniform.

I find that the Specialist should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Analyst is essentially to set up and maintain the Employer's supply inventory software. The Specialist is responsible for setups, upgrades, enhancements, and ensuring the integrity of the system. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, the Specialist has no patient contact and only has interaction with Hospital employees to ensure the availability of supplies. Finally, the Specialist does not work in the main Hospital. Accordingly, I shall exclude the Specialist from the bargaining unit.

Accordingly, I conclude that the ballot of Application Specialist, Materials Daniel R. Martinez should not be opened and counted.

84. Application Specialist Randy R. Walker (181)

The Employer contends that the classification of Application Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Application Specialist is responsible for supporting the development implementation, monitoring, testing, and ongoing maintenance and upgrades of pharmacy-related applications, clinical information systems, and computerized pharmacy systems and hardware. The Application Specialist also supports resolution of all general computer-related issues within the pharmacy department and interacts with IT analysts. According to Vice President Scafiddi, Specialist Walker is also responsible for repairing and replacing hardware in the computerized medical dispensing cabinet.

The Specialist works from Monday through Friday, no weekends. The Application Specialist works in the pharmacy located in the basement of the Hospital in a cubicle. The Application Specialist is not required to wear a uniform. The Application Specialist reports to the Director Dotts. Dotts also supervises the pharmacy technicians. As the Application Specialist, Walker trains the pharmacy technicians on the systems and assists them with trouble shooting. The Application Specialist does not have any interaction with employees outside of the pharmacy or patients.

I find that the Specialist should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Specialist is to support the development

implementation, monitoring, testing, and ongoing maintenance and upgrades of pharmacy-related applications. The Analysts are also responsible for replacing, installing, and upgrading hardware in the computerized medical dispensing cabinet, a duty typical of a SM. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, the Analysts have no patient contact and only have interaction with Hospital employees to troubleshoot the system. Accordingly, I shall exclude the Analyst from the bargaining unit.

Accordingly, I conclude that the ballots of Application Specialist, Randy R. Walker should not be opened and counted.

85. Application Specialist, Perioperative: Theresa G. Bangunan (182)

The Employer contends that the classification of Application Specialist, Perioperative, (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Specialist is responsible for researching, planning, constructing, installing, configuring, troubleshooting, maintaining, and upgrading hardware and/or software interfaces. In addition to upgrading application reports and databases for the perioperative applications, the Specialist resolves hardware, software, and connectivity problems including inter access and component configuration. The Specialist maintains confidentiality with regard to the information being processed, stored, or accessed by the network. Vice President Scaffiddi could not testify to what Specialist Bangunan does involving hardware.

Bangunan works from Monday through Friday. Bangunan is not required to wear a uniform unless she has to go into the operating room. Bangunan's cubicle is on the second floor. The Specialist trains RNs, LVNs, PCAs, nursing aides, and scrub techs on the systems and assists them with any access issues. The Specialist does not have any interaction with patients.

I find that the Specialist should not be included in a unit of healthcare technical and nonprofessional employees. The Specialist is responsible for researching, planning, constructing, installing, configuring, troubleshooting, maintaining, and upgrading hardware and/or software interfaces in Perioperative. According to the job description, the Specialist is also responsible for replacing, installing, and upgrading hardware, a duty typical of a SM. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, the Specialists have no patient contact and only have interaction with Hospital employees who have access issues. Accordingly, I shall exclude the Analyst from the bargaining unit.

Accordingly, I conclude that the ballots of Application Specialist, Perioperative Theresa G. Bangunan should not be opened and counted.

86. Software Engineer III: Alan Duran (183), Rita C. Lomax (184), Theodore J. Lundholm (185), and Chad J. Maldonado (186)

The Employer contends that the classification of Software Engineer III must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos stated that the Software Engineer III works out of the Chaney Seinfeld Building. The position does not require any license. A Software Engineer III is required to possess either a bachelor's degree or 4 to 6 years' experience. According to Hoyos, the System Engineer III has similar day-to-day duties as the System Analysts. Like the System Analysts, the Software Engineers are responsible for working with employees and ensuring that employees are correctly using the computer systems and troubleshooting. The Software Engineers are also responsible for replacing, installing, and upgrading hardware. Hoyos stated that the Software Engineer III is also responsible for computer coding on the website and applications.

According to Hoyos, the Software Engineer III works with employees at the main hospital in order to resolve issues and improve the system. The Software Engineer III could work with any employee who uses the computer systems, including LVNs, patient care associates, administrative assistants, RNs, and physicians.

The Software Engineer III generally works from Monday through Friday and rotates weekend. The Software Engineer III is not required to wear a uniform.

I find, for the same reasons as set forth in the Systems Analyst I, II, and III classification, that Software Engineer III is not a technical classification, and I shall therefore exclude it from the bargaining unit found appropriate herein.

Accordingly, I conclude that the ballots of Software Engineers III Alan Duran, Rita C. Lomax, Theodore J. Lundholm, and Chad J. Maldonado should not be opened and counted.

87. Healthcare Intelligence Architect: James P. Pulver (187)

The Employer contends that the classification of Healthcare Intelligence Architect (Architect) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos stated that the Architect position does not require any license or degree, although a bachelor's degree is under the preferred qualifications. Per the job description, the Architect is responsible for leading and development and implementation of an enterprise-wide clinical intelligence reporting system that meets the strategic objectives of the organization. The Architect is responsible for the analysis, design, and development of the data modeling and reporting solutions to improve performance. The Architect collaborates with the clinical departments and information services to accomplish and maintain a quality clinical reporting system. The Architect also serves as resource for operational reporting and provides troubleshooting and training for staff to run their own reports and optimize system use.

According to Hoyos, Architect Pulver is responsible for clinical reports. The reports vary and include events that occurred at the Hospital, drug orders, and timeliness of clinical events. Hoyos stated that Pulver works with the Hospital staff to gather the information necessary for his reports. According to Hoyos, Pulver would gather the information from the management team, a lead, and case managers. Pulver would also interact with LVNs and patient care associates who input the information he is retrieving for his reports.

Pulver works out of the Chaney Seinfeld Building. Pulver works from Monday through Friday and rotates weekends. Pulver is not required to wear a uniform.

I find that the Architect is not a classification that should be included in a unit of healthcare technical and nonprofessional employees. The function of the Architect, according to Hoyos, is to run clinical reports including drug orders and timeliness of clinical events from the Employer's systems. In addition, the Architect is responsible for development and implementation of an enterprise-wide clinical intelligence reporting system. As previously noted the Board has found that programmer classifications are business office clerical positions, and thus should be excluded from the unit of nonprofessional employees and technical employees.

Accordingly, I conclude that the ballots of Healthcare Intelligence Architect James P. Pulver should not be opened and counted.

88. Clinical Support Liaison Alexander J. Arellano (188), Jorelle D. Chua (189), Celena Fernandez (190), Melinda M. Heitt (191), Jennifer A. Lloyd (192), Corinne S. Quesenel (193), and Maria D. Vetter (194)

The Employer contends that the classification of Clinical Support Liaison (Liaison) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Clinical Support Liaisons do not need any license or college education. According to the job description, the Liaisons provide on-site support for Clinical Information Systems. The Liaisons work collaboratively with end users to troubleshoot and resolve problems. The Liaisons provide education and recommend suggestions for system optimization to improve the end-user experience.

Vice President Hoyos stated that the Liaisons go around the Hospital working with the staff providing training and reporting issues to the appropriate analyst. The Clinical Support Liaisons would rarely have patient interaction, according to Hoyos. The Liaisons work on the fourth floor of the main Hospital. The Clinical Support Liaisons work every day and have staggered schedules.

I find that the Liaisons should not be included in a unit of healthcare technical and nonprofessional employees. The Liaisons are responsible for troubleshooting and training users on the Hospitals computer system. The Liaisons also work with the Analysts in order for improvement of the system. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the

tasks are far from routine and are more akin to that of a BOC. In addition, the Liaisons have no patient contact and only have interaction with Hospital employees who have access issues. Here, the contact is not limited to employees in the unit but potentially any end user. Accordingly, I shall exclude the Liaison from the bargaining unit.

Accordingly, I conclude that the ballots of Clinical Support Liaisons Alexander J. Arellano, Jorelle D. Chua, Celena Fernandez, Melinda M. Heitt, Jennifer A. Lloyd, Corinne S. Quesenel, and Maria D. Vetter should not be opened and counted.

- 89. System Engineer I: Adam Guerrero (195), Steven Mason (196), and Rocky D. Teano (197)*
- 90. System Engineer II: Rico A. Caymo (198)*
- 91. System Engineer III: Quoc K. Luu (199)*

The Employer contends that the classifications of System Engineers I, II, and III (Engineers) must be included in the nonprofessional and technical unit, Petitioner argues that this is a BOC or SM.

Vice President Hoyos testified that the duties of the System Engineer I, II, and III are similar, with the System Engineer I having the least experience of the three. The System Engineer position does not require a license or degree. Hoyos stated that the difference lies in the employee experience and seniority. Per the job description, the System Engineer designs, implements, administrates, maintains, and monitors the technologically advanced server systems infrastructure associated operating systems, services, applications, and data center to meet the vary competing needs of one of a hospital/medical center enterprise. This position is also responsible for assessing organizational needs and proposing appropriate changes, technologies and services to meet to business aligned customer service, work process, and technical requirements of the organization. Additionally, the Engineers provide escalation support, documentation, and work with key staff to focus on customer service and key operational performance metrics.

According to Hoyos, the Engineer is essentially responsible for working with employees and troubleshooting the system. The System Engineer gets issues referred from the Help Desk. The Engineers work in the basement of the Hospital. The System Engineers work from Monday through Friday and rotate weekends. There is one primary and a backup each weekend.

I find that the Engineers should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Engineers is to design, implement, administrate, maintain, and monitor the Hospital's server systems. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, there is insufficient evidence to support that the Engineer has any patient contact and may only have interaction with Hospital employees to troubleshoot the system. Accordingly, I shall exclude the Engineers from the bargaining unit.

Accordingly, I conclude that the ballots of System Engineer I: Adam Guerrero, Steven Mason, and Rocky D. Teano; System Engineer II: Rico A. Caymo; and System Engineer III: Quoc K. Luu should not be opened and counted.

92. Helpdesk Technician Jose E. Baldivia (200), Monique Goodman (201), Samuel Hernandez (202), Eliaser L. Martinez (203), Alfredo Portuguez (204), Catherine A. Requena (205), and Francisco J. Saldana (206)

The Employer contends that the classification of Helpdesk Technician (Technician) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Helpdesk Technician is responsible for assisting all customers (employees) with their questions regarding any supported software and hardware. The Technicians answer help desk phones and handle walk-in questions. They are able to familiarize themselves with the information resources or knowledge base at hand and are able to research questions using these means of resources.

Vice President Hoyos stated that the position does not require a license or anything beyond a high school diploma. The Technicians work in the basement of the Hospital. The Technicians spend their entire day working with Hospital employees resolving computer issues. The Technicians help employees resolve the issues over the phone. If the Technician is unable to resolve an issue they will call upon the clinical support liaison. The Technician classification is a 24/7 position. There are three shifts – morning, evening, and overnight.

I find that the Technicians should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Technician is to assist all employees with troubleshooting the Hospitals systems. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting and the tasks are not routine. The tasks are more akin to that of a BOC. In addition, there is insufficient evidence to support that the Technicians have any patient contact and may only have interaction with Hospital employees to troubleshoot the system. Here, the contact is not limited to employees in the unit but potentially any end user. Accordingly, I shall exclude the Technicians from the bargaining unit.

Accordingly, I conclude that the ballots of Helpdesk Technicians Jose E. Baldivia, Monique Goodman, Samuel Hernandez, Eliaser L. Martinez, Alfredo Portuguez, Catherine A. Requena, and Francisco J. Saldana should not be opened and counted.

93. Desktop Engineer: George C. Choy (207), Andrew Y. Chung (208), Presley M. Hite II (209), Garret Lopez (210), and Jobert Oropesa (211)

The Employer contends that the classification of Desktop Engineer (Engineer) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

According to the job description, the Desktop Engineer troubleshoots and resolves computer hardware, software, and related technology device problems. This position also maintains and installs upgrades and configures computer hardware, software, devices, and the overall desktop experience. Additionally, the desktop engineer is responsible for developing, maintaining, and deploying hardware and software standards to meet the needs of the organization. The Engineer must be able to travel, work different shifts, after hours, and be on call. Vice President Hoyos stated that the Desktop Engineer works with employees to fix device problems and install new devices if they need to be installed. The Desktop Engineer must be able to travel to off-site facilities if an issue arises.

Vice President Hoyos stated that the position does not require a license or anything beyond a high school diploma. There are Desktop Engineer's working 7 days per week. The shifts for the Engineers are staggered beginning at 6 a.m. and ending at 7 p.m. The Engineers do not wear a uniform. Hoyos stated that the Engineers are required to move computer equipment and work on computer hardware. The Engineers replace broken components, install, and service hardware.

I find that the Engineers should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Engineer is to troubleshoots and resolves computer hardware, software, and related technology device problems. The Engineers install upgrades and configure computer hardware, software, and devices. This is a task typical of a SM. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, there is insufficient evidence to support that the Engineers have any patient contact and may only have interaction with Hospital employees to troubleshoot the system. Accordingly, I shall exclude the Engineers from the bargaining unit.

Accordingly, I conclude that the ballots of Desktop Engineer George C. Choy, Andrew Y. Chung, Presley M. Hite II, Garret Lopez and Jobert Oropesa should not be opened and counted.

94. Infrastructure Technician: Augustus Prieto (212)

The Employer contends that the classification of Infrastructure Technician (Technician) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos stated that the position does not require a license or anything beyond a high school diploma. Per the job description, the Technician is responsible for PC, network, telephone, TV, or other cabling needs throughout the enterprise. The Technician terminates all cabling according to Hospital standards and ensures all cabling is properly working, labeled, and documented. The Technician maintains a safe and clean working environment, and is responsible for developing and maintaining PC hardware and software. The Technician troubleshoots and resolves telephones, PC hardware and software problems, installs upgrades, and configures and refreshes PCs and telephones. Technician Prieto is responsible for installation of the Hospital's network and telephone cabling.

Prieto's work location is in the basement of the Hospital. Prieto shares an office with the telephone technician and the telecommunications and infrastructure supervisor. Prieto works the day shift from Monday through Friday and rarely works weekends. Prieto does not wear a uniform.

I find that the Technician should not be included in a unit of healthcare technical and nonprofessional employees. The functions of the Technician consist of an array of tasks including troubleshooting computer systems and installing hardware, network, and telephone cabling, which is a task typical of a SM. Similarly, the tasks are far from routine and require a particular skill. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are more akin to that of a BOC. In addition, there is insufficient evidence to support that the Technician has any patient contact and may only have interaction with Hospital employees to troubleshoot the system. Accordingly, I shall exclude the Technician from the bargaining unit.

Accordingly, I conclude that the ballot of Infrastructure Technician Augustus Prieto should not be opened and counted.

95. Network Engineer: William M. Martin (213)

96. Network Engineer III: Scott A. Stewart (214)

The Employer contends that the classifications of Network Engineer and Network Engineer III (Engineer) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos stated that the duties of the Network Engineer and Network Engineer III are similar. The job description details that the Engineer administrates, maintains, and engineers the technologically advanced infrastructure and data center to meet the varied data, computing, and communications need of Pomona Valley Hospital Medical Center enterprise. The position is also responsible for assessing organizational needs and proposing appropriate changes, technologies, and services to meet the business-aligned customer service, work processes, and technical documents of the organization. Additionally, the Network Engineer provides escalation, support, and documentation, and works with key staff to focus on customer service and key operational performance metrics.

According to Vice President Hoyos, the Engineers are responsible for the Hospital's network connectivity, ensuring communication. The Network Engineer would have limited interactions with employees, according to Hoyos. The Engineers are required to service the main Hospital and the offsite clinics. According to Hoyos, the Engineers are responsible for ensuring that everything is connected to the Hospital's network. The Hospital has over 2,800 devices connected to the network. Hoyos stated that the network Engineers work on replacing and configuring broken parts.

Vice President Hoyos stated that the position does not require a license or anything beyond a high school diploma. The Engineers work out of the basement of the Hospital. The Engineers

work from about 7 a.m. to about 5:30 p.m., Monday through Friday. The Engineers are on call on the weekends. The Engineers are not required to wear a uniform.

I find that the Engineers should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Engineers is to maintain and engineer the hospital technology infrastructure and data center. The Engineers are responsible for overall network connectivity. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, there is insufficient evidence to support that the Engineers have any patient contact. Accordingly, I shall exclude the Engineers from the bargaining unit.

Accordingly, I conclude that the ballots of Network Engineer: William M. Martin and Network Engineer III: Scott A. Stewart should not be opened and counted.

97. EPM Specialist: Traci Cavitt (215)

The Employer contends that the classification of EPM Specialist (Specialist) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description the Specialist is responsible for providing training to satellite division associates regarding Next Gen, EPM, and system policy and procedures to help ensure effective use of the system, accurate registration, and accurate data entry. The Specialist responds to various requests and questions and/or issues and performs special projects and analysis as directed by the director of the centralized billing office. Vice President Hoyos stated that the position does not require a license or anything beyond a high school diploma.

According to Hoyos, Specialist Cavitt's office is located at the Cheney Seinfeld Building. Hoyos noted that Cavitt does a lot of work in the Central Business Office.

I find that the Specialist should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Specialist is to train employees regarding the information and data systems. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, there is no evidence to support that the Specialist has any patient contact as she does not work within the main Hospital building. Here, Hoyos stated that Cavitt's office is located at the Cheney Seinfeld Building. Hoyos also noted that Cavitt does a lot of work in the Central Business Office. Accordingly, I shall exclude the Specialist from the bargaining unit.

Accordingly, I conclude that the ballot of EPM Specialist Traci Cavitt should not be opened and counted.

98. Senior Security Administrator: Jeffrey Barding (216)

The Employer contends that the classification of Senior Security Administrator (Administrator) must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Vice President Hoyos testified that the Administrator is responsible for the security of the information system. The position does not require a license or anything beyond a high school diploma. Per the job description, the Administrator is responsible for the implementation, configuration, and support and use of security monitoring and reporting tools and software. The Administrator is also responsible for monitoring and reporting system and application access, granting, changing, and revoking user access to computer systems, protecting the data processed on those systems, maintaining security and monitoring controls, identifying and investigating problems with security software, and involvement in strategic and tactical security planning as required. According to Vice President Hoyos, Administrator Barding would interact with employees to provide training on HIPAA requirements. According to Hoyos, Barding does not do any work on hardware.

Barding works in the Cheney Seinfeld Building. Barding works from Monday through Friday from about 8 a.m. to 5 p.m. Barding only works weekends when he has a call. Barding is not required to wear a uniform.

I find that the Administrator should not be included in a unit of healthcare technical and nonprofessional employees. The function of the Administrator ensures the protection of the Hospitals system and training employee's on HIPAA requirements. This is far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. In addition, there is no evidence to support that the Administrator has any patient contact as he does not work within the main hospital building. Here, Hoyos stated that the Administrator works in the Cheney Seinfeld Building. Accordingly, I shall exclude the Administrator from the bargaining unit.

Accordingly, I conclude that the ballot of EPM Specialist Senior Security Administrator: Jeffrey Barding should not be opened and counted.

99. Telecommunications Technician: William L. Mittelstaedt (217)

The Employer contends that the classification of Telecommunication Technician must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Per the job description, the Telecommunications Technician repairs and programs the PBX switch, repairs and installs hospital communications equipment, including user training and cable pulling, answers phones, and operates the PBX console. According to Vice President Hoyos, Mittelstaedt is the "phone repair guy." Mittelstaedt would interact with employees that need their phone repaired. Mittelstaedt provides patients with phones or repairs patients' phones.

Mittelstaedt can also replace and repair phone parts if they are not working. Mittelstaedt also program switches. Mittelstaedt works with Infrastructure Technician Prieto pulling cables.

The position does not require a license or anything beyond a high school diploma. Mittelstaedt works out of the Hospital basement. Mittelstaedt works Monday through Friday from 7:30 a.m. to 4 p.m. Mittelstaedt does not work weekends.

I find that the Technician should not be included in a unit of healthcare technical and nonprofessional employees. The functions of the Technician consist of an array of tasks including repairing and installing telephone systems, which are tasks typical of a SM. The Technician also assists in the installing of network and telephone cabling. These tasks are far removed from the type of diagnostic, laboratory, and technical services performed by technical employees in the healthcare setting. Similarly, the tasks are far from routine and are more akin to that of a BOC. Accordingly, I shall exclude the Technician from the bargaining unit.

Accordingly, I conclude that the ballot of Telecommunications Technician William L. Mittelstaedt should not be opened and counted.

100. Respiratory Care Prac II Janice A. Barnes (218)

The Employer contends that the classification of Respiratory Care Prac II must be included in the nonprofessional and technical unit. Petitioner argues that this is a BOC or SM.

Manager Garcia testified to a screenshot from Barnes' personnel file showing Barnes' name, employee ID number, and her classification, Administrative Assistant, Respiratory Services. The screen shot is dated February 8, 2016. Garcia also testified to a salary review for Barnes dated November 20, 2015, showing that Barnes was classified as an Administrative Assistant, Respiratory Services. Garcia testified that Barnes was an Administrative Assistant, Respiratory Services on the election date.

Vice President Scafiddi testified that Barnes is actually the Administrative Assistant, Cardiorespiratory. As Administrative Assistant, Cardiorespiratory, Barnes reports to Director of Cardiorespiratory William Hall. Hall also supervises the respiratory therapists.

According to the job description for the Administrative Assistant, Cardiorespiratory, this classification performs diversified administrative duties for the department head and department as needed. As the Administrative Assistant, Barnes would interact with the RPs when assisting them with payroll corrections. According to Scafiddi, Barnes could serve as a relief to greet patients arriving in the respiratory department, but Scafiddi was not sure. Scafiddi did not testify to any specific examples when Barnes has served as a relief.

Barnes works from Monday through Friday and is not required to wear a uniform. Barnes has a cubicle in the respiratory therapy department on the third floor of the first building of the Hospital.

First, I find that Barnes title is Administrative Assistant, Cardiorespiratory as noted in the position description. Second, I find that the Administrative Assistant, Cardiorespiratory should be included in a unit of nonprofessional and technical employees. The Administrative Assistant, Cardiorespiratory is responsible for an array of routine secretarial duties. The duties of the Administrative Assistant, Cardiorespiratory are routine job functions, and are not highly skilled or trained. The Administrative Assistant works within the respiratory therapy department and has regular interaction with patients. Overall, the record evidence established that the Administrative Assistant, Cardiorespiratory is a nonprofessional that should be included in the voting unit.

Accordingly, I conclude that the ballot of Administrative Assistant, Cardiorespiratory Janice A. Barnes should be opened and counted.

CONCLUSION

Based on the foregoing, I recommend that the challenges to the ballots of Jeremiah Trujillo, Kathleen M. Ruiz, Randy Cortinas, Daniel Tsuji, Damion Williams, Myong S. Jacobs, Michael H. Nicholson, Francisco Acosta, Candice S. Castellanos, Mercedes Martin, Maribel Prado, Martha E. Rangel, Charles S. Valdepena, Lisa S. Richardson, Jenny L. Smith, Julie Barrera, Simone L. Dazalla, Viviana M. Flores, Pamela Lee-Porter, Donna S. Romero, Olivia Trebino, Kimberly Wallace, Suzanne L. Avina, Alma Goldberg, Laura E. Gonzalez, Lavetete I. Taylor, Donna L. Phillips, Rosaura Rodriguez, Jeanie M. Hopf, Angelica Quinones, Margaret Boyle, Katarina L. Brown, Adrian Belmontez, Elizabeth Delatorre, Rita M. Gomez, Sandra Ibarra, Irma Moreno, Vera M. Navarro, Tina L. Sharp, Korina H. Vasquez, Hendrietta Wing, Linda L. Vaughn, Monica Medina, Stephanie Ramirez, Katrina Stock, Jacquelyn K. Martin, Irene C. Cortez, Lisa M. Vigoa, Brenda Taylor, Edith M. Basulto, Kahlen Limjoco, Valerie Romero, David K. Voltz, Peggy L. Mata, Valerie N. Verdugo, James R. Morales, Irma A. Arellano, Alison M. Ficke, Patricia Moran, Betty Jean Munoz, Stephanie Curiel, and Janice A. Barnes be overruled and that their ballots be opened and counted.

I recommend further that the challenges to the ballots of Monica Luna, Neal Parisi, Claudia Parra, Douglas R. Rose, Charisse Marbury, Vinh M. Thai, Patricia S. Escobar, Rosa E. Velazquez Gutierrez, Pamala Loomis, Evelyn M. Lua, Cheryl A. McDonald, Christina B. Mullins, Jessica Padilla, Cristina Robles, Natalie Torres, Sonia Trejo, Fauzia T. Rahman, Alejandra Romero, Vickie L. Reinert, Carla S. Julkes, Lee D. Prescott, Deyri Aburto, Aileen W. Yeung, Ashley D. Batcheller, Stephanie Myers, Cynthia C. Fortugno, Lindsey K. Medina, Sharon L. Kaitz, Leonard W. King, Donna E. Munoz, Norma Odell, Laura M. Salas, Maricela Torres, Cleo M. Bretado, Heidy A. Martinez, Adrienne B. Wilson, Robin Beardsley, Michelle Daniels, Reynaldo C. De la Cruz, Anna Dizon, Kisha A. Vital, Lourdes M. Wright, Esther C. Yee, Ghasan Abusad, Juanita S. Baldwin, Kathryn L. Bryan, Irene T. Diep, Catherine Y. Dunbar, Billy Encinas, Robin K. Francis-Jackson, Jesus T. Arnold Hilvano, Samone N. Hogg, Cynthia M. Juarez, Phuotontrang Nguyen, Natalia D. Olazo, Lexie X. Phan, Elaine L. Soller, Priscilla B. Torralba, Victoria Lepe, Alice R. Lopez, Deepti Madahar Paula M. Sather, Titilayo A. Ishola, Joan S. Scott, Saima Ali, Candice Whitney, Kimberly L. Erving, Corrina L. Herrera, Haidi Carrillo, Erika A. Orellana, Nerica Munoz, Rosa Delgado, Arlene Martinez, Sandra Moody, Inez L. Ortiz, Cheryl L. Puma, Melody A. Solomon, Maria Vera-Estrada, Ellen T.

Bauer, Veronica Garcia, Lisa Horvath, Antonia Cisneros, Iysel Nunez, Jodi Preovich, Matthew G. Freetage, Laura N. Huezo, Sandra L. Laporte, Nadia Rivas, Dustie J. Flores, Desiree M. Lingenfelter-Chacon, Maria L. Jimenez, Hortensia Machorro, Tatiana K. Navarro, Angelica Perez, Rosemary N. Rojo, Virginia M. Wilkerson, Denise E. Sanchez, Karen Aldridge, Harold O. Cifuentes, Aurelia Ferrel, Blanca Licea, Nicole A. Mejia, Andrea E. Martinez, Susan McGrath, Araceli Arriaga, Judy F. Carrillo, Melinda Hagan, Gilbert R. Alamilla, Kathryn Treadwell, William Ho, Peter Yuen, Dolores S. Elefano, Pamela J. Garcia, Catalina V. Guzman, Anthony Hipol, Jose Sahagun, Edward L. Torres, Paulette White, Daniel R. Martinez, Randy R. Walker, Theresa G. Bangunan, Alan Duran, Rita C. Lomax, Theodore J. Lundholm, Chad J. Maldonado, James P. Pulver, Alexander J. Arellano, Jorelle D. Chua, Celena Fernandez, Melinda M. Heitt, Jennifer A. Lloyd, Corinne S. Quesenel, Maria D. Vetter, Adam Guerrero, Steven Mason, Rocky D. Teano, Rico A. Caymo, Quoc K. Luu, Jose E. Baldivia, Monique Goodman, Samuel Hernandez, Eliaser L. Martinez, Alfredo Portuguese, Catherine A. Requena, Francisco J. Saldana, George C. Choy, Andrew Y. Chung, Presley M. Hite II, Garret Lopez, Jobert Oropesa, Augustus Prieto, William M. Martin, Scott A. Stewart, Traci Cavitt, Jeffrey Barding, and William L. Mittelstaedt be sustained and that their ballots not be opened and counted, and that a revised Tally of Ballots issue.

APPEAL PROCEDURE

Pursuant to Section 102.69(c)(1)(iii) of the Board's Rules and Regulations, any party may file exceptions to this Report, with a supporting brief if desired, with the Regional Director of Region 21 by June 23, 2016. A copy of such exceptions, together with a copy of any brief filed, shall immediately be served on the other parties and a statement of service filed with the Regional Director.

Exceptions may be E-Filed through the Agency's website but may not be filed by facsimile. To E-File the request for review, go to www.nlrb.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the exceptions should be addressed to the Regional Director, National Labor Relations Board, Region 21, 888 South Figueroa Street, Los Angeles, CA 90017.

Pursuant to Sections 102.111 – 102.114 of the Board's Rules, exceptions and any supporting brief must be received by the Regional Director by close of business at 5 p.m. on the due date. If E-Filed, it will be considered timely if the transmission of the entire document through the Agency's website is accomplished by no later than 11:59 p.m. Eastern Time on the due date.

Within 7 days from the last date on which exceptions and any supporting brief may be filed, or such further time as the Regional Director may allow, a party opposing the exceptions may

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file an answering brief with the Regional Director. An original and one copy shall be submitted. A copy of such answering brief shall immediately be served on the other parties and a statement of service filed with the Regional Director.

Dated: June 9, 2016



ALVARO MEDINA
Hearing Officer
National Labor Relations Board
Region 21
888 South Figueroa Street, 9th Floor
Los Angeles, CA 90017